

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 5/27/2020 2:52 pm
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for Full or "L" for Low.

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
7. Contractor No.
8. Initial Report for this Provider CCN
9. Final Report for this Provider CCN

10. NPR Date:
11. Contractor's Vendor Code: 4
12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/27/2020 Time: 2:52 pm

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SCHNECK MEDICAL CENTER (15-0065) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) DEBBIE MANN
Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
Title

(Dated when report is electronically signed.)
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	351,060	224,172	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	351,060	224,172	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 5/27/2020 2:52 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 411 WEST TIPTON STREET			PO Box:						1.00	
2.00	City: SEYMOUR			State: IN		Zip Code: 47274-		County: JACKSON		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital -Based Component Identification:											
3.00	Hospital		SCHNECK MEDICAL CENTER	150065	99915	1	07/16/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF		SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N	P	N	7.00
8.00	Swing Beds - NF		SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N		O	8.00
9.00	Hospital -Based SNF										9.00
10.00	Hospital -Based NF										10.00
11.00	Hospital -Based OLTC										11.00
12.00	Hospital -Based HHA		JACKSON COUNTY HOME HEALTH	157155	99915		07/01/1985	N	P	O	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital -Based Hospice		HOSPICE OF MEMORIAL HOSPITAL	151529	99915		12/09/1994				14.00
15.00	Hospital -Based Health Clinic - RHC										15.00
16.00	Hospital -Based Health Clinic - FQHC										16.00
17.00	Hospital -Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019	12/31/2019		20.00	
21.00	Type of Control (see instructions)						8			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		N	22.03	
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.										
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		386	586	0	0	1,604	91	24.00		

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					Y	Y	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
						NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code	
						1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N			60.00

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	Y/N	IME	Direct GME	IME	Direct GME				
	1.00	2.00	3.00	4.00	5.00				
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)						0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)								61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)								61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)								61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).								61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)								61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)								61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count				
	1.00		2.00	3.00	4.00				
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						0.00	0.00	61.20
					1.00				
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)									
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings									
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						N	63.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
			1.00	2.00	3.00				
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-2
Part I
Date/Time Prepared:
5/27/2020 2:52 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00

	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
			1.00

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00

	1.00	2.00	3.00
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Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N			75.00

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00

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		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				1			118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,347,578		0		0		118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
DO NOT USE THIS LINE								
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	Y		119.00 120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				Y	5.00		122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 5/27/2020 2:52 pm	
		1.00	2.00				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
						1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00
						1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 5/27/2020 2:52 pm	
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 5/27/2020 2:52 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/30/2020			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/19/2020	Y	03/19/2020		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 5/27/2020 2:52 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUCIA		GERBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE AND CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-992-3500		LGERBER@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 5/27/2020 2:52 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2020 2:52 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	78	28,352	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		78	28,352	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,562	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		85	30,914	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	2	732			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		87				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2020 2:52 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	2,738	1,364	7,382			1.00
2.00 HMO and other (see instructions)	1,025	319				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	26	0	26			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	30			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	2,764	1,364	7,438			7.00
8.00 INTENSIVE CARE UNIT	423	49	980			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		844	1,645			13.00
14.00 Total (see instructions)	3,187	2,257	10,063	0.00	855.48	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	4,669	0	9,486	0.00	18.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	264	0	273	0.00	10.61	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	884.09	27.00
28.00 Observation Bed Days		512	2,523			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	91	183			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2020 2:52 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	799	412	2,493	1.00
2.00 HMO and other (see instructions)				235	77		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	799	412		2,493	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2020 2:52 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	71,244,180	0	71,244,180	1,838,927.96	38.74
2.00	Non-physician anesthesiologist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthesiologist Part B		0	361,263	361,263	3,884.00	93.01
4.00	Physician-Part A - Administrative		555,979	0	555,979	6,034.45	92.13
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		9,423,774	0	9,423,774	58,800.00	160.27
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		14,274,312	1,240,799	15,515,111	337,472.05	45.97
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		498,040	0	498,040	3,910.77	127.35
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		268,167	0	268,167	1,687.00	158.96
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		12,251,529	0	12,251,529		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,175,431	0	3,175,431		
20.00	Non-physician anesthesiologist Part A		0	0	0		
21.00	Non-physician anesthesiologist Part B		54,965	0	54,965		
22.00	Physician Part A - Administrative		84,908	0	84,908		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,196,911	0	1,196,911		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2020 2:52 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	645,906	0	645,906	13,871.80	46.56	26.00
27.00	Administrative & General	5.00	9,647,926	0	9,647,926	236,915.71	40.72	27.00
28.00	Administrative & General under contract (see inst.)		752,058	0	752,058	3,358.80	223.91	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,536,956	0	1,536,956	50,871.13	30.21	30.00
31.00	Laundry & Linen Service	8.00	46,376	0	46,376	3,103.20	14.94	31.00
32.00	Housekeeping	9.00	1,021,665	0	1,021,665	62,969.44	16.22	32.00
33.00	Housekeeping under contract (see instructions)		185,000	0	185,000	9,840.00	18.80	33.00
34.00	Dietary	10.00	724,575	-499,892	224,683	12,484.72	18.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	499,892	499,892	27,778.00	18.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,138,543	-1,316	2,137,227	56,992.78	37.50	38.00
39.00	Central Services and Supply	14.00	826,781	0	826,781	39,612.69	20.87	39.00
40.00	Pharmacy	15.00	1,439,182	0	1,439,182	34,035.30	42.28	40.00
41.00	Medical Records & Medical Records Library	16.00	1,076,003	0	1,076,003	43,132.63	24.95	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	740,123	0	740,123	10,580.50	69.95	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2020 2:52 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	62,757,464	-361,263	62,396,201	1,789,442.76	34.87	1.00
2.00	Excluded area salaries (see instructions)	14,274,312	1,240,799	15,515,111	337,472.05	45.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	48,483,152	-1,602,062	46,881,090	1,451,970.71	32.29	3.00
4.00	Subtotal other wages & related costs (see inst.)	766,207	0	766,207	5,597.77	136.88	4.00
5.00	Subtotal wage-related costs (see inst.)	12,336,437	0	12,336,437	0.00	26.31	5.00
6.00	Total (sum of lines 3 thru 5)	61,585,796	-1,602,062	59,983,734	1,457,568.48	41.15	6.00
7.00	Total overhead cost (see instructions)	20,781,094	-1,316	20,779,778	605,546.70	34.32	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2020 2:52 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		1,545,752	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			0 8.02
8.03	Health Insurance (Purchased)		10,113,429	8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)		297,285	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		169,129	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		10,329	14.00
15.00	'Workers' Compensation Insurance		53,607	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only		4,440,819	17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance		979	19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement		132,415	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		16,763,744	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part V
Date/Time Prepared:
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Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	498,040	16,763,744	1.00
2.00	Hospital	498,040	16,763,744	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0065 Component CCN: 15-7155		Period: From 01/01/2019 To 12/31/2019		Worksheet S-4 Date/Time Prepared: 5/27/2020 2:52 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,753	0	1,771	3,524	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	305.00	51.00	401.00	757.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.86	0.00	0.86	3.00
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel			0.07	0.00	0.07	5.00
6.00	Direct Nursing Service			9.47	0.00	9.47	6.00
7.00	Nursing Supervisor			1.00	0.00	1.00	7.00
8.00	Physical Therapy Service			3.15	0.00	3.15	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.74	0.00	2.74	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.29	0.00	0.29	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.69	0.00	1.69	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			18020			20.00
20.01				31140			20.01
20.02				99915			20.02
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,270	293	81	35	1,679	21.00
22.00	Skilled Nursing Visit Charges	336,418	77,645	21,465	9,275	444,803	22.00
23.00	Physical Therapy Visits	1,442	74	26	24	1,566	23.00
24.00	Physical Therapy Visit Charges	445,578	22,866	8,034	7,416	483,894	24.00
25.00	Occupational Therapy Visits	757	70	9	13	849	25.00
26.00	Occupational Therapy Visit Charges	234,036	21,630	2,781	4,017	262,464	26.00
27.00	Speech Pathology Visits	67	1	7	0	75	27.00
28.00	Speech Pathology Visit Charges	20,703	309	2,163	0	23,175	28.00
29.00	Medical Social Service Visits	11	0	1	1	13	29.00
30.00	Medical Social Service Visit Charges	4,191	0	381	381	4,953	30.00
31.00	Home Health Aide Visits	427	58	2	0	487	31.00
32.00	Home Health Aide Visit Charges	62,342	8,468	292	0	71,102	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,974	496	126	73	4,669	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,103,268	130,918	35,116	21,089	1,290,391	35.00
36.00	Total Number of Episodes (standard/non outlier)	287		45	8	340	36.00
37.00	Total Number of Outlier Episodes		14		0	14	37.00
38.00	Total Non-Routine Medical Supply Charges	17,331	998	1,361	488	20,178	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 15-0065 Hospice CCN: 15-1529	Period: From 01/01/2019 To 12/31/2019	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/27/2020 2:52 pm
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		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)
		1.00	2.00	3.00	4.00
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0
11.00	Hospice Routine Home Care	11,599	0	658	12,257
12.00	Hospice Inpatient Respite Care	117	0	13	130
13.00	Hospice General Inpatient Care	131	0	12	143
14.00	Total Hospice Days	11,847	0	683	12,530
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0
16.00	Hospice General Inpatient Care	0	0	0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 5/27/2020 2:52 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.263138	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		14,745,184	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		59,291,622	6.00	
7.00	Medicaid cost (line 1 times line 6)		15,601,879	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		856,695	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		32,185	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		23,532	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		856,695	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	5,708,823	1,212,134	6,920,957	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,502,208	1,212,134	2,714,342	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,502,208	1,212,134	2,714,342	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		12,527,403		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		262,359		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		403,630		27.01
28.00	Non-Medicare bad debt expense (see instructions)		12,123,773		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,331,496		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,045,838		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,902,533		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet A Date/Time Prepared: 5/27/2020 2:52 pm	
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		10,076,038			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0			3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	645,906	17,197,636	17,843,542	-132	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,647,926	18,186,946	27,834,872	-189,249	5.00
7.00	00700	OPERATION OF PLANT	1,536,956	2,941,255	4,478,211	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	46,376	298,806	345,182	0	8.00
9.00	00900	HOUSEKEEPING	1,021,665	425,802	1,447,467	0	9.00
10.00	01000	DIETARY	724,575	631,989	1,356,564	-937,192	10.00
11.00	01100	CAFETERIA	0	0	0	932,877	11.00
13.00	01300	NURSING ADMINISTRATION	2,138,543	579,771	2,718,314	-1,316	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	826,781	7,841,737	8,668,518	-7,601,633	14.00
15.00	01500	PHARMACY	1,439,182	10,145,599	11,584,781	-8,365,184	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,076,003	229,527	1,305,530	0	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	740,123	58,775	798,898	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	361,263	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,247,134	1,313,206	8,560,340	-2,774,495	30.00
31.00	03100	INTENSIVE CARE UNIT	1,158,656	384,078	1,542,734	-153,223	31.00
43.00	04300	NURSERY	0	0	0	559,257	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,284,758	3,461,570	6,746,328	-1,480,364	50.00
51.00	05100	RECOVERY ROOM	492,347	17,966	510,313	-6,833	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,340,111	52.00
53.00	05300	ANESTHESIOLOGY	3,331,372	79,904	3,411,276	-366,260	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,966,522	1,445,983	4,412,505	-1,760,229	54.00
54.01	03630	ULTRA SOUND	394,421	86,522	480,943	-25,102	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	141,873	141,873	-70,902	54.02
57.00	05700	CT SCAN	289,752	659,492	949,244	-169,163	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	132,065	204,367	336,432	-24,226	58.00
60.00	06000	LABORATORY	1,650,805	3,258,831	4,909,636	-1,780,117	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	324,215	324,215	0	63.00
64.00	06400	INTRAVENOUS THERAPY	259,818	17,739	277,557	-10,825	64.00
65.00	06500	RESPIRATORY THERAPY	1,413,944	312,014	1,725,958	-228,957	65.00
66.00	06600	PHYSICAL THERAPY	1,220,529	24,758	1,245,287	-7,194	66.00
67.00	06700	OCCUPATIONAL THERAPY	378,236	29,851	408,087	-24,820	67.00
68.00	06800	SPEECH PATHOLOGY	283,054	6,487	289,541	-2,012	68.00
69.00	06900	ELECTROCARDIOLOGY	0	126,499	126,499	-51,098	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,318,342	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	4,310,180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,874,549	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	275,701	60,283	335,984	-34,937	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	1,706,609	245,263	1,951,872	-857,098	76.03
76.04	03610	SLEEP LAB	144,417	57,283	201,700	-4,206	76.04
76.05	03480	ONCOLOGY	0	0	0	1,587,605	76.05
76.97	07697	CARDIAC REHABILITATION	438,199	7,740	445,939	-4,012	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	288,518	7,439	295,957	0	90.01
90.02	09002	VEIN CENTER	486,883	88,976	575,859	-278,434	90.02
90.03	09003	OBGYN	2,641,249	267,276	2,908,525	-202,045	90.03
90.04	09004	NEUROSURGERY	585,951	16,522	602,473	-336,553	90.04
91.00	09100	EMERGENCY	5,315,393	526,975	5,842,368	-111,998	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04952	BEHAVIORAL HEALTH	739,499	7,851	747,350	-53	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	1,454,374	151,485	1,605,859	1,316	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		722,557	722,557	-722,557	113.00
116.00	11600	HOSPICE	741,728	185,238	926,966	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	59,165,970	82,854,124	142,020,094	-1,387,928	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,663,382	263,517	3,926,899	0	192.00
194.00	07950	WELLNESS	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	606,285	606,285	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	221,537	763,002	984,539	0	194.02
194.03	07953	WASHINGTON CLINIC	233,494	0	233,494	0	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A
Date/Time Prepared:
5/27/2020 2:52 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.04 07954 PHYSICIAN OFFICES	867,840	171,277	1,039,117	0	1,039,117	194.04
194.05 07955 INTEGRATED MEDICINE	399,383	152,296	551,679	0	551,679	194.05
194.06 07956 SURGICAL PROFESSIONAL	2,181,501	52,762	2,234,263	0	2,234,263	194.06
194.07 07957 PRIMARY CARE	3,216,074	705,094	3,921,168	0	3,921,168	194.07
194.08 07958 EMPLOYER CLINIC	894,421	126,577	1,020,998	0	1,020,998	194.08
194.09 07959 UROLOGY PROF	129,409	751,840	881,249	0	881,249	194.09
194.10 07960 SCOTTSBURG SPECIAL	37,229	15,403	52,632	0	52,632	194.10
194.11 07961 BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12 07962 SPC	233,940	62,193	296,133	0	296,133	194.12
194.13 07963 VEIN NRCC	0	0	0	574,648	574,648	194.13
194.14 07964 PAIN NRCC	0	0	0	813,280	813,280	194.14
194.15 07965 NEUROSURGERY NRCC	0	0	0	0	0	194.15
200.00 TOTAL (SUM OF LINES 118 through 199)	71,244,180	86,524,370	157,768,550	0	157,768,550	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A
Date/Time Prepared:
5/27/2020 2:52 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-814,222	5,737,632	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,433,175	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,333,060	14,510,350	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-10,769,171	16,876,452	5.00
7.00	00700	OPERATION OF PLANT	0	4,478,211	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	345,182	8.00
9.00	00900	HOUSEKEEPING	0	1,447,467	9.00
10.00	01000	DIETARY	-32,476	386,896	10.00
11.00	01100	CAFETERIA	-427,878	504,999	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,716,998	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,066,885	14.00
15.00	01500	PHARMACY	-296,553	2,923,044	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-26,753	1,278,777	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	798,898	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-361,263	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,103,057	4,682,788	30.00
31.00	03100	INTENSIVE CARE UNIT	-59,583	1,329,928	31.00
43.00	04300	NURSERY	0	559,257	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-430,749	4,835,215	50.00
51.00	05100	RECOVERY ROOM	0	503,480	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,340,111	52.00
53.00	05300	ANESTHESIOLOGY	-2,975,622	69,394	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-977	2,651,299	54.00
54.01	03630	ULTRA SOUND	-3,140	452,701	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	70,971	54.02
57.00	05700	CT SCAN	-9,690	770,391	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	312,206	58.00
60.00	06000	LABORATORY	-48,049	3,081,470	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	324,215	63.00
64.00	06400	INTRAVENOUS THERAPY	0	266,732	64.00
65.00	06500	RESPIRATORY THERAPY	-225,901	1,271,100	65.00
66.00	06600	PHYSICAL THERAPY	-765	1,237,328	66.00
67.00	06700	OCCUPATIONAL THERAPY	-88	383,179	67.00
68.00	06800	SPEECH PATHOLOGY	-175	287,354	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,069	74,332	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,318,342	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	4,310,180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-3,159	8,871,390	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	301,047	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	76.02
76.03	03950	PAIN MANAGEMENT	-616,547	478,227	76.03
76.04	03610	SLEEP LAB	0	197,494	76.04
76.05	03480	ONCOLOGY	-687,619	899,986	76.05
76.97	07697	CARDIAC REHABILITATION	0	441,927	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	-235,141	60,816	90.01
90.02	09002	VEIN CENTER	-195,337	102,088	90.02
90.03	09003	OBGYN	-2,144,553	561,927	90.03
90.04	09004	NEUROSURGERY	-265,830	90	90.04
91.00	09100	EMERGENCY	-2,737,552	2,992,818	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04952	BEHAVIORAL HEALTH	-279,365	467,932	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,607,175	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-65	926,901	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-28,085,409	112,546,757	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,926,899	192.00
194.00	07950	WELLNESS	0	0	194.00
194.01	07951	JACKSON MOB	0	606,285	194.01
194.02	07952	EXTERNAL SVCS MARKETING	0	984,539	194.02
194.03	07953	WASHINGTON CLINIC	0	233,494	194.03
194.04	07954	PHYSICIAN OFFICES	0	1,039,117	194.04

5/27/2020 2:52 pm

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A
Date/Time Prepared:
5/27/2020 2:52 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
194.05 07955	INTEGRATED MEDICINE	0	551,679	194.05
194.06 07956	SURGICAL PROFESSIONAL	0	2,234,263	194.06
194.07 07957	PRIMARY CARE	0	3,921,168	194.07
194.08 07958	EMPLOYER CLINIC	0	1,020,998	194.08
194.09 07959	UROLOGY PROF	0	881,249	194.09
194.10 07960	SCOTTSBURG SPECIAL	0	52,632	194.10
194.11 07961	BEHAVIORAL HEALTH	0	0	194.11
194.12 07962	SPC	0	296,133	194.12
194.13 07963	VEIN NRCC	0	574,648	194.13
194.14 07964	PAIN NRCC	0	813,280	194.14
194.15 07965	NEUROSURGERY NRCC	0	0	194.15
200.00	TOTAL (SUM OF LINES 118 through 199)	-28,085,409	129,683,141	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,389,771	1.00
	O		0	4,389,771	
B - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	143,030	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	43,404	2.00
	O		0	186,434	
C - CAFETERIA					
1.00	CAFETERIA	11.00	499,892	432,985	1.00
	O		499,892	432,985	
D - BOND INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	722,557	1.00
	O		0	722,557	
E - NURSERY					
1.00	NURSERY	43.00	524,537	34,720	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,256,913	83,198	2.00
	O		1,781,450	117,918	
F - NONPHYSICIAN ANESTHETIST					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	361,263	0	1.00
	O		361,263	0	
G - HOME HEALTH SOCIAL WORKER					
1.00	HOME HEALTH AGENCY	101.00	1,316	0	1.00
	O		1,316	0	
H - IMPLANTABLE DEVICES					
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	4,310,180	1.00
	O		0	4,310,180	
I - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,874,549	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,364	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	O		0	8,875,913	
J - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,628,522	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
0			0	12,628,522	
K - PARTIAL YEAR VEIN					
1.00	VEIN NRCC	194.13	202,868	37,073	1.00
	TOTALS		202,868	37,073	
L - PARTIAL YEAR NRCC PAIN					
1.00	PAIN NRCC	194.14	711,087	102,193	1.00
	TOTALS		711,087	102,193	
M - PARTIAL YEAR NRCC NEURO					
1.00	VEIN NRCC	194.13	325,528	9,179	1.00
	TOTALS		325,528	9,179	
N - RESPIRATORY THERAPY DIRECTOR					
1.00	SLEEP LAB	76.04	20,074	0	1.00
	TOTALS		20,074	0	
O - RADIOLOGY DIRECTOR					
1.00	ULTRA SOUND	54.01	13,100	0	1.00
2.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	13,100	0	2.00
3.00	CT SCAN	57.00	13,100	0	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	13,100	0	4.00
	TOTALS		52,400	0	
P - ONCOLOGY					
1.00	ONCOLOGY	76.05	868,044	719,561	1.00
	TOTALS		868,044	719,561	
500.00	Grand Total: Increases		4,823,922	32,532,286	500.00

RECLASSIFICATIONS

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Date/Time Prepared:
5/27/2020 2:52 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,389,771	9	1.00	
	O		0	4,389,771			
B - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	186,434	12	1.00	
2.00	O	0.00	0	0	12	2.00	
	O		0	186,434			
C - CAFETERIA							
1.00	DIETARY	10.00	499,892	432,985	0	1.00	
	O		499,892	432,985			
D - BOND INTEREST							
1.00	INTEREST EXPENSE	113.00	0	722,557	11	1.00	
	O		0	722,557			
E - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,781,450	117,918	0	1.00	
2.00	O	0.00	0	0	0	2.00	
	O		1,781,450	117,918			
F - NONPHYSICIAN ANESTHETIST							
1.00	ANESTHESIOLOGY	53.00	361,263	0	0	1.00	
	O		361,263	0			
G - HOME HEALTH SOCIAL WORKER							
1.00	NURSING ADMINISTRATION	13.00	1,316	0	0	1.00	
	O		1,316	0			
H - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,310,180	0	1.00	
	O		0	4,310,180			
I - DRUGS							
1.00	PHARMACY	15.00	0	8,208,376	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	322,956	0	2.00	
3.00	OPERATING ROOM	50.00	0	10,198	0	3.00	
4.00	ANESTHESIOLOGY	53.00	0	1,135	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23,484	0	5.00	
6.00	ULTRA SOUND	54.01	0	3	0	6.00	
7.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	83,332	0	7.00	
8.00	CT SCAN	57.00	0	78,191	0	8.00	
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	26,741	0	9.00	
10.00	LABORATORY	60.00	0	41	0	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	5,792	0	11.00	
12.00	ELECTROCARDIOLOGY	69.00	0	47,600	0	12.00	
13.00	WOUND CARE (DIABETES CENTER)	76.00	0	942	0	13.00	
14.00	PAIN MANAGEMENT	76.03	0	28,246	0	14.00	
15.00	OBGYN	90.03	0	38,876	0	15.00	
	O		0	8,875,913			
J - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	132	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,179	0	2.00	
3.00	DIETARY	10.00	0	4,315	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,601,633	0	4.00	
5.00	PHARMACY	15.00	0	156,808	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	552,171	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	153,223	0	7.00	
8.00	OPERATING ROOM	50.00	0	1,470,166	0	8.00	
9.00	RECOVERY ROOM	51.00	0	6,833	0	9.00	
10.00	ANESTHESIOLOGY	53.00	0	3,862	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	96,740	0	11.00	
12.00	ULTRA SOUND	54.01	0	38,199	0	12.00	
13.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	670	0	13.00	
14.00	CT SCAN	57.00	0	104,072	0	14.00	
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,585	0	15.00	
16.00	LABORATORY	60.00	0	1,780,076	0	16.00	
17.00	INTRAVENOUS THERAPY	64.00	0	10,825	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	203,091	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	7,194	0	19.00	
20.00	OCCUPATIONAL THERAPY	67.00	0	24,820	0	20.00	
21.00	SPEECH PATHOLOGY	68.00	0	2,012	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	3,498	0	22.00	
23.00	WOUND CARE (DIABETES CENTER)	76.00	0	33,995	0	23.00	
24.00	PAIN MANAGEMENT	76.03	0	15,572	0	24.00	
25.00	SLEEP LAB	76.04	0	24,280	0	25.00	

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
26.00	CARDIAC REHABILITATION	76.97	0	4,012	0		26.00
27.00	VEIN CENTER	90.02	0	38,493	0		27.00
28.00	OBGYN	90.03	0	163,169	0		28.00
29.00	NEUROSURGERY	90.04	0	1,846	0		29.00
30.00	EMERGENCY	91.00	0	111,998	0		30.00
31.00	BEHAVIORAL HEALTH	93.00	0	53	0		31.00
			0	12,628,522			
K - PARTIAL YEAR VEIN							
1.00	VEIN CENTER	90.02	202,868	37,073	0		1.00
	TOTALS		202,868	37,073			
L - PARTIAL YEAR NRCC PAIN							
1.00	PAIN MANAGEMENT	76.03	711,087	102,193	0		1.00
	TOTALS		711,087	102,193			
M - PARTIAL YEAR NRCC NEURO							
1.00	NEUROSURGERY	90.04	325,528	9,179	0		1.00
	TOTALS		325,528	9,179			
N - RESPIRATORY THERAPY DIRECTOR							
1.00	RESPIRATORY THERAPY	65.00	20,074	0	0		1.00
	TOTALS		20,074	0			
O - RADIOLOGY DIRECTOR							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	52,400	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		52,400	0			
P - ONCOLOGY							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	868,044	719,561	0		1.00
	TOTALS		868,044	719,561			
500.00	Grand Total: Decreases		4,823,922	32,532,286			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2020 2:52 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,815,404	923,024	0	923,024	0 1.00	
2.00	Land Improvements	4,523,059	242,901	0	242,901	0 2.00	
3.00	Buildings and Fixtures	95,724,254	46,126,395	0	46,126,395	0 3.00	
4.00	Building Improvements	4,329,079	31,774	0	31,774	0 4.00	
5.00	Fixed Equipment	6,310,242	1,295,372	0	1,295,372	0 5.00	
6.00	Movable Equipment	50,234,730	2,337,270	0	2,337,270	0 6.00	
7.00	HIT designated Assets	3,608,657	310,079	0	310,079	0 7.00	
8.00	Subtotal (sum of lines 1-7)	174,545,425	51,266,815	0	51,266,815	0 8.00	
9.00	Reconciling Items	0	0	0	0	0 9.00	
10.00	Total (line 8 minus line 9)	174,545,425	51,266,815	0	51,266,815	0 10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,738,428	0			1.00	
2.00	Land Improvements	4,765,960	0			2.00	
3.00	Buildings and Fixtures	141,850,649	0			3.00	
4.00	Building Improvements	4,360,853	0			4.00	
5.00	Fixed Equipment	7,605,614	0			5.00	
6.00	Movable Equipment	52,572,000	0			6.00	
7.00	HIT designated Assets	3,918,736	0			7.00	
8.00	Subtotal (sum of lines 1-7)	225,812,240	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	225,812,240	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2020 2:52 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	10,076,038	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	10,076,038	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	10,076,038				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	10,076,038				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2020 2:52 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	173,240,240	0	173,240,240	0.767187	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	52,572,000	0	52,572,000	0.232813	0	2.00
3.00	Total (sum of lines 1-2)	225,812,240	0	225,812,240	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,686,267	-91,665	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,389,771	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,076,038	-91,665	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	143,030	0	0	5,737,632	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	43,404	0	0	4,433,175	2.00
3.00	Total (sum of lines 1-2)	0	186,434	0	0	10,170,807	3.00

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8
Date/Time Prepared:
5/27/2020 2:52 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-722,557	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-211,217	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-91,665	CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-7,707	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,605,563			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-427,878	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-3,159	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-26,753	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-5,829	ADMINISTRATIVE & GENERAL	5.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist	A	-361,263	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 HOSPITAL ASSESSMENT FEE	A	-8,040,460		ADMINISTRATIVE & GENERAL	5.00	0 33.00
33.01 MARKETING AG	A	-5,302		ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02 MARKETING DIETARY	A	-78		DIETARY	10.00	0 33.02
34.00 MARKETING ADULTS AND PEDIATRICS	A	-885		ADULTS & PEDIATRICS	30.00	0 34.00
35.00 MARKETING OPERATING ROOM	A	-399		OPERATING ROOM	50.00	0 35.00
36.00 MARKETING RADIOLOGY	A	-17		RADIOLOGY-DIAGNOSTIC	54.00	0 36.00
37.00 MARKETING PHYSICAL THERAPY	A	-765		PHYSICAL THERAPY	66.00	0 37.00
37.01 MARKETING OCCUPATIONAL THERAPY	A	-88		OCCUPATIONAL THERAPY	67.00	0 37.01
37.02 MARKETING SPEECH THERAPY	A	-175		SPEECH PATHOLOGY	68.00	0 37.02
37.03 MARKETING PAIN MANAGEMENT	A	-45		OBGYN	90.03	0 37.03
37.04 MARKETING EMERGENCY ROOM	A	-60		EMERGENCY	91.00	0 37.04
37.05 MARKETING HOSPICE	A	-65		HOSPICE	116.00	0 37.05
37.06 PHYSICIAN RECRUITMENT	A	-2,090,072		ADMINISTRATIVE & GENERAL	5.00	0 37.06
37.07 MISC INCOME - DIETARY	B	-32,398		DIETARY	10.00	0 37.07
37.08 340B RETAIL PHARMACY EXP	A	-47,812		PHARMACY	15.00	0 37.08
37.09 MISC INCOME - ADMIN & GENERAL	B	-78,326		ADMINISTRATIVE & GENERAL	5.00	0 37.09
37.10 MISC INCOME - RESPIRATORY THERAPY	B	-1,075		RESPIRATORY THERAPY	65.00	0 37.10
37.11 LOBBYING DUES	A	-8,671		ADMINISTRATIVE & GENERAL	5.00	0 37.11
37.12 TELEPHONE OPERATOR BENEFITS	A	-36		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.12
37.13 CRNA OFFSET - BENEFITS	A	-80,417		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.13
37.14 APRN OFFSET	A	-321,558		ADMINISTRATIVE & GENERAL	5.00	0 37.14
38.00 APRN OFFSET	A	-300,793		ADULTS & PEDIATRICS	30.00	0 38.00
39.00 APRN OFFSET	A	-175,911		PAIN MANAGEMENT	76.03	0 39.00
39.01 APRN OFFSET	A	-235,141		PALLIATIVE HEALTH	90.01	0 39.01
39.02 APRN OFFSET	A	-107,460		OBGYN	90.03	0 39.02
39.03 APRN OFFSET	A	-289,928		EMERGENCY	91.00	0 39.03
39.04 APRN OFFSET	A	-91,398		BEHAVIORAL HEALTH	93.00	0 39.04
39.05 APRN OFFSET - BENEFITS	A	-338,839		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 39.05
39.06 PA - OFFSET	A	-195,690		EMERGENCY	91.00	0 39.06
39.07 PA - OFFSET	A	-46,311		NEUROSURGERY	90.04	0 39.07
39.08 PA BENEFITS OFFSET	A	-53,869		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 39.08
39.09 EMPLOYEE PHARMACY OFFSET	B	-248,741		PHARMACY	15.00	0 39.09
39.10 PHYSICIAN OFFSET	A	-2,829,033		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 39.10
39.11 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 39.11
39.12 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 39.12
39.13 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 39.13
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,085,409				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
5/27/2020 2:52 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours		
1.00	2.00	3.00	4.00	5.00	6.00	7.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	30,866	30,866	0	211,500	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	29	29	0	211,500	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	801,379	801,379	0	211,500	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	59,583	59,583	0	211,500	0	4.00
5.00	50.00	OPERATING ROOM	430,350	430,350	0	246,400	0	5.00
6.00	53.00	ANESTHESIOLOGY	2,975,622	2,975,622	0	239,400	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	960	960	0	271,900	0	7.00
8.00	54.01	ULTRA SOUND	3,140	3,140	0	271,900	0	8.00
9.00	57.00	CT SCAN	9,690	9,690	0	271,900	0	9.00
10.00	60.00	LABORATORY	259,167	0	259,167	260,300	1,687	10.00
11.00	65.00	RESPIRATORY THERAPY	305,123	224,826	80,297	211,500	1,677	11.00
12.00	69.00	ELECTROCARDIOLOGY	9,000	0	9,000	211,500	78	12.00
13.00	76.03	PAIN MANAGEMENT	543,622	440,636	102,986	211,500	2,080	13.00
14.00	76.04	SLEEP LAB	20,074	0	20,074	211,500	419	14.00
15.00	76.05	ONCOLOGY	859,056	515,433	343,623	211,500	1,686	15.00
16.00	90.01	PALLIATIVE HEALTH	9,000	0	9,000	211,500	94	16.00
17.00	90.02	VEIN CENTER	195,337	195,337	0	237,100	0	17.00
18.00	90.03	OBGYN	2,037,048	2,037,048	0	211,500	0	18.00
19.00	90.04	NEUROSURGERY	219,519	219,519	0	211,500	0	19.00
20.00	91.00	EMERGENCY	2,251,874	2,251,874	0	181,300	0	20.00
21.00	93.00	BEHAVIORAL HEALTH	187,967	187,967	0	0	0	21.00
200.00			11,208,406	10,384,259	824,147		7,721	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance		
1.00	2.00	8.00	9.00	12.00	13.00	14.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	54.01	ULTRA SOUND	0	0	0	0	0	8.00
9.00	57.00	CT SCAN	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	211,118	10,556	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	170,522	8,526	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	7,931	397	0	0	0	12.00
13.00	76.03	PAIN MANAGEMENT	211,500	10,575	0	0	0	13.00
14.00	76.04	SLEEP LAB	42,605	2,130	0	0	0	14.00
15.00	76.05	ONCOLOGY	171,437	8,572	0	0	0	15.00
16.00	90.01	PALLIATIVE HEALTH	9,558	478	0	0	0	16.00
17.00	90.02	VEIN CENTER	0	0	0	0	0	17.00
18.00	90.03	OBGYN	0	0	0	0	0	18.00
19.00	90.04	NEUROSURGERY	0	0	0	0	0	19.00
20.00	91.00	EMERGENCY	0	0	0	0	0	20.00
21.00	93.00	BEHAVIORAL HEALTH	0	0	0	0	0	21.00
200.00			824,671	41,234	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	30,866	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	29	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	801,379	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	59,583	4.00
5.00	50.00	OPERATING ROOM	0	0	430,350	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	2,975,622	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	960	7.00
8.00	54.01	ULTRA SOUND	0	0	3,140	8.00
9.00	57.00	CT SCAN	0	0	9,690	9.00
10.00	60.00	LABORATORY	0	211,118	48,049	10.00
11.00	65.00	RESPIRATORY THERAPY	0	170,522	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	0	7,931	1,069	12.00
13.00	76.03	PAIN MANAGEMENT	0	211,500	0	13.00
14.00	76.04	SLEEP LAB	0	42,605	0	14.00
15.00	76.05	ONCOLOGY	0	171,437	172,186	15.00
16.00	90.01	PALLIATIVE HEALTH	0	9,558	0	16.00
17.00	90.02	VEIN CENTER	0	0	195,337	17.00
18.00	90.03	OBGYN	0	0	2,037,048	18.00
19.00	90.04	NEUROSURGERY	0	0	219,519	19.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
5/27/2020 2:52 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
20.00	91.00	EMERGENCY	0	0	0	2,251,874		20.00
21.00	93.00	BEHAVIORAL HEALTH	0	0	0	187,967		21.00
200.00			0	824,671	221,304	10,605,563		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 5/27/2020 2:52 pm
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,737,632	5,737,632			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,433,175		4,433,175		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,510,350	59,041	0	14,569,391	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	16,876,452	553,660	1,240,285	2,564,933	5.00
7.00 00700	OPERATION OF PLANT	4,478,211	319,483	253,151	422,692	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	345,182	19,504	0	12,754	8.00
9.00 00900	HOUSEKEEPING	1,447,467	29,939	3,538	280,977	9.00
10.00 01000	DIETARY	386,896	34,699	36,034	61,792	10.00
11.00 01100	CAFETERIA	504,999	77,212	0	137,480	11.00
13.00 01300	NURSING ADMINISTRATION	2,716,998	158,129	84,726	587,778	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,066,885	133,105	86,878	227,380	14.00
15.00 01500	PHARMACY	2,923,044	59,971	40,222	395,802	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,278,777	27,148	1,181	295,921	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	798,898	0	0	203,548	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,682,788	818,830	239,900	1,210,844	30.00
31.00 03100	INTENSIVE CARE UNIT	1,329,928	187,680	104,480	318,652	31.00
43.00 04300	NURSERY	559,257	39,009	0	102,546	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,835,215	400,152	610,329	903,371	50.00
51.00 05100	RECOVERY ROOM	503,480	78,561	400	135,405	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,340,111	93,491	0	414,551	52.00
53.00 05300	ANESTHESIOLOGY	69,394	1,333	97,508	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,651,299	174,408	702,999	577,121	54.00
54.01 03630	ULTRA SOUND	452,701	16,156	39,080	108,473	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	70,971	7,008	4,679	0	54.02
57.00 05700	CT SCAN	770,391	19,070	178,886	79,687	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	312,206	13,442	1,541	36,320	58.00
60.00 06000	LABORATORY	3,081,470	87,770	183,631	454,003	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	324,215	8,171	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	266,732	63,506	4,860	71,455	64.00
65.00 06500	RESPIRATORY THERAPY	1,271,100	78,902	50,696	321,509	65.00
66.00 06600	PHYSICAL THERAPY	1,237,328	194,145	14,988	335,669	66.00
67.00 06700	OCCUPATIONAL THERAPY	383,179	0	1,734	104,022	67.00
68.00 06800	SPEECH PATHOLOGY	287,354	6,109	0	77,845	68.00
69.00 06900	ELECTROCARDIOLOGY	74,332	5,132	97,913	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,318,342	3,194	4,764	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	4,310,180	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	8,871,390	0	0	0	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	301,047	32,280	1,505	75,823	76.00
76.01 03953	OTHER ANCILLARY CMS LINE	0	0	0	0	76.01
76.02 03951	CASE MANAGEMENT	0	0	0	0	76.02
76.03 03950	PAIN MANAGEMENT	478,227	66,421	5,090	152,604	76.03
76.04 03610	SLEEP LAB	197,494	13,039	0	45,238	76.04
76.05 03480	ONCOLOGY	899,986	227,402	0	96,974	76.05
76.97 07697	CARDIAC REHABILITATION	441,927	34,125	9,460	120,513	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PALLIATIVE HEALTH	60,816	4,884	0	14,680	90.01
90.02 09002	VEIN CENTER	102,088	0	9,620	24,388	90.02
90.03 09003	OBGYN	561,927	128,531	54,973	136,663	90.03
90.04 09004	NEUROSURGERY	90	0	0	11,249	90.04
91.00 09100	EMERGENCY	2,992,818	225,108	56,817	783,056	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04952	BEHAVIORAL HEALTH	467,932	25,629	202	126,546	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,607,175	62,017	261	400,342	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	926,901	0	0	203,641	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	112,546,757	4,587,396	4,222,331	12,634,247	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,926,899	311,389	28,238	309,336	192.00
194.00 07950	WELLNESS	0	0	0	0	194.00
194.01 07951	JACKSON MOB	606,285	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
5/27/2020 2:52 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.02 07952 EXTERNAL SVCS MARKETING	984,539	29,923	0	60,927	1,075,389	194.02
194.03 07953 WASHINGTON CLINIC	233,494	65,444	0	64,215	363,153	194.03
194.04 07954 PHYSICIAN OFFICES	1,039,117	70,808	5,315	99,130	1,214,370	194.04
194.05 07955 INTEGRATED MEDICINE	551,679	55,816	295	61,939	669,729	194.05
194.06 07956 SURGICAL PROFESSIONAL	2,234,263	107,864	0	111,354	2,453,481	194.06
194.07 07957 PRIMARY CARE	3,921,168	311,048	107,915	620,686	4,960,817	194.07
194.08 07958 EMPLOYER CLINIC	1,020,998	111,709	14,892	212,839	1,360,438	194.08
194.09 07959 UROLOGY PROF	881,249	38,792	43,827	35,590	999,458	194.09
194.10 07960 SCOTTSBURG SPECIAL	52,632	0	3,779	0	56,411	194.10
194.11 07961 BEHAVIORAL HEALTH	0	0	1,042	0	1,042	194.11
194.12 07962 SPC	296,133	0	1,906	18,247	316,286	194.12
194.13 07963 VEIN NRCC	574,648	0	0	55,793	630,441	194.13
194.14 07964 PAIN NRCC	813,280	47,443	3,635	195,562	1,059,920	194.14
194.15 07965 NEUROSURGERY NRCC	0	0	0	89,526	89,526	194.15
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	129,683,141	5,737,632	4,433,175	14,569,391	129,683,141	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 5/27/2020 2:52 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	21,235,330				5.00
7.00	00700	OPERATION OF PLANT	1,213,138	6,686,675			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	83,655	27,140	488,235		8.00
9.00	00900	HOUSEKEEPING	390,507	41,659	2,730	2,196,817	9.00
10.00	01000	DIETARY	115,123	48,283	0	16,027	698,854
11.00	01100	CAFETERIA	159,510	107,438	0	35,664	0
13.00	01300	NURSING ADMINISTRATION	786,286	220,033	0	73,040	0
14.00	01400	CENTRAL SERVICES & SUPPLY	335,613	185,212	0	61,482	0
15.00	01500	PHARMACY	757,786	83,448	0	27,701	0
16.00	01600	MEDICAL RECORDS & LIBRARY	355,290	37,776	0	12,540	0
18.00	01850	PHYSICIAN PRIVATE PRACTICE	222,179	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,540,901	1,139,388	265,885	378,221	621,193
31.00	03100	INTENSIVE CARE UNIT	430,140	261,153	23,714	86,690	77,661
43.00	04300	NURSERY	155,326	54,280	11,105	18,018	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,495,843	556,802	50,234	184,832	0
51.00	05100	RECOVERY ROOM	159,101	109,315	0	36,287	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	409,619	130,091	3,971	43,184	0
53.00	05300	ANESTHESIOLOGY	37,287	1,855	0	616	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	910,003	242,685	41,595	80,560	0
54.01	03630	ULTRA SOUND	136,619	22,480	0	7,462	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	18,320	9,751	0	3,237	0
57.00	05700	CT SCAN	232,283	26,536	0	8,809	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	80,567	18,705	0	6,209	0
60.00	06000	LABORATORY	843,744	122,130	0	40,541	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	73,669	11,369	0	3,774	0
64.00	06400	INTRAVENOUS THERAPY	90,107	88,367	0	29,334	0
65.00	06500	RESPIRATORY THERAPY	381,705	109,790	0	36,445	0
66.00	06600	PHYSICAL THERAPY	394,986	270,149	23,996	89,677	0
67.00	06700	OCCUPATIONAL THERAPY	108,366	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	82,296	8,500	0	2,822	0
69.00	06900	ELECTROCARDIOLOGY	39,313	7,141	21,808	2,370	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,444	0	1,475	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,966,225	0	0	0	0
76.00	03952	WOUND CARE (DIABETES CENTER)	91,016	44,917	0	14,910	0
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0
76.02	03951	CASE MANAGEMENT	0	0	0	0	0
76.03	03950	PAIN MANAGEMENT	155,665	92,423	0	30,680	0
76.04	03610	SLEEP LAB	56,688	18,144	0	6,023	0
76.05	03480	ONCOLOGY	271,364	316,425	0	105,038	0
76.97	07697	CARDIAC REHABILITATION	134,318	47,484	0	15,763	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PALLIATIVE HEALTH	17,815	6,796	0	2,256	0
90.02	09002	VEIN CENTER	30,164	0	0	0	0
90.03	09003	OBGYN	195,505	178,848	0	59,369	0
90.04	09004	NEUROSURGERY	2,513	0	0	0	0
91.00	09100	EMERGENCY	899,358	313,232	43,197	103,978	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04952	BEHAVIORAL HEALTH	137,483	35,662	0	11,838	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	458,743	86,296	0	28,646	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	250,570	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,706,709	5,086,147	488,235	1,665,518	698,854
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,014,180	433,291	0	143,832	0
194.00	07950	WELLNESS	0	0	0	0	0
194.01	07951	JACKSON MOB	134,375	0	0	0	0
194.02	07952	EXTERNAL SVCS MARKETING	238,346	41,638	0	13,822	0
194.03	07953	WASHINGTON CLINIC	80,488	91,064	0	30,229	0
194.04	07954	PHYSICIAN OFFICES	269,149	98,528	0	32,707	0
194.05	07955	INTEGRATED MEDICINE	148,437	77,666	0	25,781	0
194.06	07956	SURGICAL PROFESSIONAL	543,782	150,090	0	49,823	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
194.07	07957	PRIMARY CARE	1,099,501	432,817	0	143,674	0	194.07
194.08	07958	EMPLOYER CLINIC	301,523	155,440	0	51,599	0	194.08
194.09	07959	UROLOGY PROF	221,517	53,978	0	17,918	0	194.09
194.10	07960	SCOTTSBURG SPECIAL	12,503	0	0	0	0	194.10
194.11	07961	BEHAVIORAL HEALTH	231	0	0	0	0	194.11
194.12	07962	SPC	70,101	0	0	0	0	194.12
194.13	07963	VEIN NRCC	139,729	0	0	0	0	194.13
194.14	07964	PAIN NRCC	234,917	66,016	0	21,914	0	194.14
194.15	07965	NEUROSURGERY NRCC	19,842	0	0	0	0	194.15
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,235,330	6,686,675	488,235	2,196,817	698,854	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part I Date/Time Prepared: 5/27/2020 2:52 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,022,303					11.00
13.00	01300	NURSING ADMINISTRATION	45,812	4,672,802				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	31,777	258,999	2,387,331			14.00
15.00	01500	PHARMACY	27,303	222,529	59,942	4,597,748		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,601	0	15,204	0	2,058,438	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	8,488	0	8,040	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	133,654	1,089,331	187,800	0	72,032	30.00
31.00	03100	INTENSIVE CARE UNIT	30,446	248,152	29,105	0	7,015	31.00
43.00	04300	NURSERY	8,699	70,901	0	0	5,437	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	86,700	706,646	398,321	0	642,969	50.00
51.00	05100	RECOVERY ROOM	11,235	0	7,787	0	53,725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,168	286,636	0	0	39,405	52.00
53.00	05300	ANESTHESIOLOGY	12,092	0	301	0	38,648	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,420	264,243	70,531	0	62,577	54.00
54.01	03630	ULTRA SOUND	7,555	0	3,836	0	27,039	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	170	0	88	0	10,147	54.02
57.00	05700	CT SCAN	7,293	0	3,255	0	212,520	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,282	0	1,789	0	57,487	58.00
60.00	06000	LABORATORY	55,513	452,459	65,612	0	224,546	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	4,319	63.00
64.00	06400	INTRAVENOUS THERAPY	6,071	0	16,778	0	9,144	64.00
65.00	06500	RESPIRATORY THERAPY	33,037	0	17,508	0	30,276	65.00
66.00	06600	PHYSICAL THERAPY	34,618	282,158	14,346	0	34,702	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,781	0	2,804	0	13,905	67.00
68.00	06800	SPEECH PATHOLOGY	5,553	0	4,983	0	5,929	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	6,263	0	32,522	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48,863	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	37,911	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,597,748	135,531	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	6,714	0	12,300	0	9,270	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	21,852	0	6,483	0	4,591	76.03
76.04	03610	SLEEP LAB	3,258	0	0	0	11,242	76.04
76.05	03480	ONCOLOGY	26,047	0	0	0	64,174	76.05
76.97	07697	CARDIAC REHABILITATION	9,292	0	3,963	0	1,616	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	5,156	0	603	0	494	90.01
90.02	09002	VEIN CENTER	3,905	0	6,145	0	3,735	90.02
90.03	09003	OBGYN	30,068	0	49,174	0	5,387	90.03
90.04	09004	NEUROSURGERY	1,989	0	380	0	107	90.04
91.00	09100	EMERGENCY	97,018	790,748	58,158	0	118,957	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	9,483	0	3,922	0	2,434	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	24,058	0	13,998	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	24,541	0	15,784	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	874,050	4,672,802	1,104,020	4,597,748	2,058,438	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	53,215	0	264,101	0	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	4,988	0	21,187	0	0	194.02
194.03	07953	WASHINGTON CLINIC	10,161	0	0	0	0	194.03
194.04	07954	PHYSICIAN OFFICES	17,667	0	61,155	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	5,039	0	342,563	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period:
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To 12/31/2019

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
194.06	07956 SURGICAL PROFESSIONAL	17,117	0	20,729	0	0	194.06
194.07	07957 PRIMARY CARE	0	0	355,500	0	0	194.07
194.08	07958 EMPLOYER CLINIC	20,345	0	80,284	0	0	194.08
194.09	07959 UROLOGY PROF	6,094	0	75,080	0	0	194.09
194.10	07960 SCOTTSBURG SPECIAL	1,996	0	17,097	0	0	194.10
194.11	07961 BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962 SPC	4,205	0	45,142	0	0	194.12
194.13	07963 VEIN NRCC	2,790	0	0	0	0	194.13
194.14	07964 PAIN NRCC	2,149	0	0	0	0	194.14
194.15	07965 NEUROSURGERY NRCC	2,487	0	473	0	0	194.15
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,022,303	4,672,802	2,387,331	4,597,748	2,058,438	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	1,241,153				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	12,380,767	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	3,134,816	0	31.00
43.00 04300	NURSERY	0	0	1,024,578	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	10,871,414	0	50.00
51.00 05100	RECOVERY ROOM	0	0	1,095,296	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	2,796,227	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	259,034	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	5,810,441	0	54.00
54.01 03630	ULTRA SOUND	0	0	821,401	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	124,371	0	54.02
57.00 05700	CT SCAN	0	0	1,538,730	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	531,548	0	58.00
60.00 06000	LABORATORY	0	0	5,611,419	0	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	425,517	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	646,354	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	2,330,968	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	2,926,762	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	621,791	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	481,391	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	286,794	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	8,381,082	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	4,348,091	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	15,570,894	0	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	0	0	589,782	0	76.00
76.01 03953	OTHER ANCILLARY CMS LINE	0	0	0	0	76.01
76.02 03951	CASE MANAGEMENT	0	0	0	0	76.02
76.03 03950	PAIN MANAGEMENT	0	0	1,014,036	0	76.03
76.04 03610	SLEEP LAB	0	0	351,126	0	76.04
76.05 03480	ONCOLOGY	0	0	2,007,410	0	76.05
76.97 07697	CARDIAC REHABILITATION	0	0	818,461	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PALLIATIVE HEALTH	33,796	0	147,296	0	90.01
90.02 09002	VEIN CENTER	25,594	0	205,639	0	90.02
90.03 09003	OBGYN	197,065	0	1,597,510	0	90.03
90.04 09004	NEUROSURGERY	13,039	0	29,367	0	90.04
91.00 09100	EMERGENCY	0	0	6,482,445	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04952	BEHAVIORAL HEALTH	0	0	821,131	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	2,681,536	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0		1,421,437	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	269,494	0	100,186,862	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	348,771	0	6,833,252	0	192.00
194.00 07950	WELLNESS	0	0	0	0	194.00
194.01 07951	JACKSON MOB	0	0	740,660	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period:
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00					
194.02 07952 EXTERNAL SVCS MARKETING	32,692	0	1,428,062	0	1,428,062	194.02
194.03 07953 WASHINGTON CLINIC	66,598	0	641,693	0	641,693	194.03
194.04 07954 PHYSICIAN OFFICES	115,793	0	1,809,369	0	1,809,369	194.04
194.05 07955 INTEGRATED MEDICINE	33,023	0	1,302,238	0	1,302,238	194.05
194.06 07956 SURGICAL PROFESSIONAL	112,186	0	3,347,208	0	3,347,208	194.06
194.07 07957 PRIMARY CARE	0	0	6,992,309	0	6,992,309	194.07
194.08 07958 EMPLOYER CLINIC	133,343	0	2,102,972	0	2,102,972	194.08
194.09 07959 UROLOGY PROF	39,942	0	1,413,987	0	1,413,987	194.09
194.10 07960 SCOTTSBURG SPECIAL	13,081	0	101,088	0	101,088	194.10
194.11 07961 BEHAVIORAL HEALTH	0	0	1,273	0	1,273	194.11
194.12 07962 SPC	27,560	0	463,294	0	463,294	194.12
194.13 07963 VEIN NRCC	18,286	0	791,246	0	791,246	194.13
194.14 07964 PAIN NRCC	14,085	0	1,399,001	0	1,399,001	194.14
194.15 07965 NEUROSURGERY NRCC	16,299	0	128,627	0	128,627	194.15
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1,241,153	0	129,683,141	0	129,683,141	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 5/27/2020 2:52 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	2A
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	59,041	0	59,041	59,041	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,902	553,660	1,240,285	1,807,847	10,416	5.00
7.00	00700	OPERATION OF PLANT	26,060	319,483	253,151	598,694	1,712	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	573	19,504	0	20,077	52	8.00
9.00	00900	HOUSEKEEPING	4,656	29,939	3,538	38,133	1,138	9.00
10.00	01000	DIETARY	4,536	34,699	36,034	75,269	250	10.00
11.00	01100	CAFETERIA	0	77,212	0	77,212	557	11.00
13.00	01300	NURSING ADMINISTRATION	0	158,129	84,726	242,855	2,381	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	133,105	86,878	219,983	921	14.00
15.00	01500	PHARMACY	0	59,971	40,222	100,193	1,603	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	27,148	1,181	28,329	1,199	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	824	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,207	818,830	239,900	1,064,937	4,905	30.00
31.00	03100	INTENSIVE CARE UNIT	1,150	187,680	104,480	293,310	1,291	31.00
43.00	04300	NURSERY	0	39,009	0	39,009	415	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	328,165	400,152	610,329	1,338,646	3,659	50.00
51.00	05100	RECOVERY ROOM	0	78,561	400	78,961	548	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	93,491	0	93,491	1,679	52.00
53.00	05300	ANESTHESIOLOGY	0	1,333	97,508	98,841	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	174,408	702,999	877,407	2,338	54.00
54.01	03630	ULTRA SOUND	0	16,156	39,080	55,236	439	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	7,008	4,679	11,687	0	54.02
57.00	05700	CT SCAN	0	19,070	178,886	197,956	323	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,442	1,541	14,983	147	58.00
60.00	06000	LABORATORY	61,242	87,770	183,631	332,643	1,839	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	8,171	0	8,171	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	63,506	4,860	68,366	289	64.00
65.00	06500	RESPIRATORY THERAPY	4,290	78,902	50,696	133,888	1,302	65.00
66.00	06600	PHYSICAL THERAPY	1,280	194,145	14,988	210,413	1,360	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,734	1,734	421	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,109	0	6,109	315	68.00
69.00	06900	ELECTROCARDIOLOGY	583	5,132	97,913	103,628	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,194	4,764	7,958	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	15,187	32,280	1,505	48,972	307	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0	66,421	5,090	71,511	618	76.03
76.04	03610	SLEEP LAB	0	13,039	0	13,039	183	76.04
76.05	03480	ONCOLOGY	0	227,402	0	227,402	393	76.05
76.97	07697	CARDIAC REHABILITATION	0	34,125	9,460	43,585	488	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	4,884	0	4,884	59	90.01
90.02	09002	VEIN CENTER	0	0	9,620	9,620	99	90.02
90.03	09003	OBGYN	0	128,531	54,973	183,504	554	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	46	90.04
91.00	09100	EMERGENCY	207	225,108	56,817	282,132	3,172	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04952	BEHAVIORAL HEALTH	0	25,629	202	25,831	513	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	130	62,017	261	62,408	1,622	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	65,494	0	0	65,494	825	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	533,662	4,587,396	4,222,331	9,343,389	51,202	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	160	311,389	28,238	339,787	1,253	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	0	29,923	0	29,923	247	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
194.03 07953 WASHINGTON CLINIC	0	65,444	0	65,444	260	194.03
194.04 07954 PHYSICIAN OFFICES	150	70,808	5,315	76,273	402	194.04
194.05 07955 INTEGRATED MEDICINE	160	55,816	295	56,271	251	194.05
194.06 07956 SURGICAL PROFESSIONAL	0	107,864	0	107,864	451	194.06
194.07 07957 PRIMARY CARE	367	311,048	107,915	419,330	2,514	194.07
194.08 07958 EMPLOYER CLINIC	0	111,709	14,892	126,601	862	194.08
194.09 07959 UROLOGY PROF	0	38,792	43,827	82,619	144	194.09
194.10 07960 SCOTTSBURG SPECIAL	0	0	3,779	3,779	0	194.10
194.11 07961 BEHAVIORAL HEALTH	0	0	1,042	1,042	0	194.11
194.12 07962 SPC	0	0	1,906	1,906	74	194.12
194.13 07963 VEIN NRCC	0	0	0	0	226	194.13
194.14 07964 PAIN NRCC	0	47,443	3,635	51,078	792	194.14
194.15 07965 NEUROSURGERY NRCC	0	0	0	0	363	194.15
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	534,499	5,737,632	4,433,175	10,705,306	59,041	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 5/27/2020 2:52 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,818,263					5.00
7.00	00700	OPERATION OF PLANT	103,877	704,283				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,163	2,859	30,151			8.00
9.00	00900	HOUSEKEEPING	33,438	4,388	169	77,266		9.00
10.00	01000	DIETARY	9,858	5,085	0	564	91,026	10.00
11.00	01100	CAFETERIA	13,658	11,316	0	1,254	0	11.00
13.00	01300	NURSING ADMINISTRATION	67,327	23,175	0	2,569	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,737	19,508	0	2,162	0	14.00
15.00	01500	PHARMACY	64,887	8,789	0	974	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	30,422	3,979	0	441	0	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	19,024	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	131,942	120,008	16,419	13,306	80,911	30.00
31.00	03100	INTENSIVE CARE UNIT	36,831	27,506	1,464	3,049	10,115	31.00
43.00	04300	NURSERY	13,300	5,717	686	634	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	128,084	58,646	3,102	6,501	0	50.00
51.00	05100	RECOVERY ROOM	13,623	11,514	0	1,276	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,074	13,702	245	1,519	0	52.00
53.00	05300	ANESTHESIOLOGY	3,193	195	0	22	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	77,920	25,561	2,569	2,833	0	54.00
54.01	03630	ULTRA SOUND	11,698	2,368	0	262	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,569	1,027	0	114	0	54.02
57.00	05700	CT SCAN	19,890	2,795	0	310	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,899	1,970	0	218	0	58.00
60.00	06000	LABORATORY	72,247	12,864	0	1,426	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,308	1,198	0	133	0	63.00
64.00	06400	INTRAVENOUS THERAPY	7,716	9,307	0	1,032	0	64.00
65.00	06500	RESPIRATORY THERAPY	32,684	11,564	0	1,282	0	65.00
66.00	06600	PHYSICAL THERAPY	33,821	28,454	1,482	3,154	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,279	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,047	895	0	99	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,366	752	1,347	83	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	468	0	52	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,318	0	0	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	7,793	4,731	0	524	0	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	13,329	9,735	0	1,079	0	76.03
76.04	03610	SLEEP LAB	4,854	1,911	0	212	0	76.04
76.05	03480	ONCOLOGY	23,236	33,328	0	3,694	0	76.05
76.97	07697	CARDIAC REHABILITATION	11,501	5,001	0	554	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	1,525	716	0	79	0	90.01
90.02	09002	VEIN CENTER	2,583	0	0	0	0	90.02
90.03	09003	OBGYN	16,740	18,837	0	2,088	0	90.03
90.04	09004	NEUROSURGERY	215	0	0	0	0	90.04
91.00	09100	EMERGENCY	77,009	32,992	2,668	3,657	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	11,772	3,756	0	416	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	39,281	9,089	0	1,008	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	21,455	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,430,493	535,706	30,151	58,580	91,026	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	86,841	45,637	0	5,059	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	11,506	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	20,409	4,386	0	486	0	194.02
194.03	07953	WASHINGTON CLINIC	6,892	9,591	0	1,063	0	194.03
194.04	07954	PHYSICIAN OFFICES	23,046	10,378	0	1,150	0	194.04
194.05	07955	INTEGRATED MEDICINE	12,710	8,180	0	907	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	46,562	15,808	0	1,752	0	194.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
194.07	07957	94,146	45,587	0	5,053	0	194.07
194.08	07958	25,818	16,372	0	1,815	0	194.08
194.09	07959	18,968	5,685	0	630	0	194.09
194.10	07960	1,071	0	0	0	0	194.10
194.11	07961	20	0	0	0	0	194.11
194.12	07962	6,002	0	0	0	0	194.12
194.13	07963	11,965	0	0	0	0	194.13
194.14	07964	20,115	6,953	0	771	0	194.14
194.15	07965	1,699	0	0	0	0	194.15
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	TOTAL (sum lines 118 through 201)		1,818,263	704,283	30,151	77,266	91,026

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 5/27/2020 2:52 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	103,997					11.00
13.00	01300	NURSING ADMINISTRATION	4,660	342,967				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,233	19,010	293,554			14.00
15.00	01500	PHARMACY	2,777	16,333	7,371	202,927		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,520	0	1,870	0	69,760	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	863	0	989	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,595	79,952	23,093	0	2,438	30.00
31.00	03100	INTENSIVE CARE UNIT	3,097	18,214	3,579	0	237	31.00
43.00	04300	NURSERY	885	5,204	0	0	184	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,820	51,865	48,975	0	21,846	50.00
51.00	05100	RECOVERY ROOM	1,143	0	958	0	1,819	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,578	21,038	0	0	1,334	52.00
53.00	05300	ANESTHESIOLOGY	1,230	0	37	0	1,308	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,298	19,395	8,673	0	2,118	54.00
54.01	03630	ULTRA SOUND	769	0	472	0	915	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	17	0	11	0	343	54.02
57.00	05700	CT SCAN	742	0	400	0	7,194	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	334	0	220	0	1,946	58.00
60.00	06000	LABORATORY	5,647	33,209	8,068	0	7,601	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	146	63.00
64.00	06400	INTRAVENOUS THERAPY	618	0	2,063	0	310	64.00
65.00	06500	RESPIRATORY THERAPY	3,361	0	2,153	0	1,025	65.00
66.00	06600	PHYSICAL THERAPY	3,522	20,709	1,764	0	1,175	66.00
67.00	06700	OCCUPATIONAL THERAPY	792	0	345	0	471	67.00
68.00	06800	SPEECH PATHOLOGY	565	0	613	0	201	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	770	0	1,101	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,654	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	1,283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	202,927	4,588	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	683	0	1,512	0	314	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	2,223	0	797	0	155	76.03
76.04	03610	SLEEP LAB	331	0	0	0	381	76.04
76.05	03480	ONCOLOGY	2,650	0	0	0	2,172	76.05
76.97	07697	CARDIAC REHABILITATION	945	0	487	0	55	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	525	0	74	0	17	90.01
90.02	09002	VEIN CENTER	397	0	756	0	126	90.02
90.03	09003	OBGYN	3,059	0	6,047	0	182	90.03
90.04	09004	NEUROSURGERY	202	0	47	0	4	90.04
91.00	09100	EMERGENCY	9,869	58,038	7,151	0	4,027	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	965	0	482	0	82	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	2,958	0	474	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	3,018	0	534	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	88,915	342,967	135,753	202,927	69,760	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,413	0	32,475	0	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	507	0	2,605	0	0	194.02
194.03	07953	WASHINGTON CLINIC	1,034	0	0	0	0	194.03
194.04	07954	PHYSICIAN OFFICES	1,797	0	7,520	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	513	0	42,123	0	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
194.06	07956 SURGICAL PROFESSIONAL	1,741	0	2,549	0	0	194.06
194.07	07957 PRIMARY CARE	0	0	43,714	0	0	194.07
194.08	07958 EMPLOYER CLINIC	2,070	0	9,872	0	0	194.08
194.09	07959 UROLOGY PROF	620	0	9,232	0	0	194.09
194.10	07960 SCOTTSBURG SPECIAL	203	0	2,102	0	0	194.10
194.11	07961 BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962 SPC	428	0	5,551	0	0	194.12
194.13	07963 VEIN NRCC	284	0	0	0	0	194.13
194.14	07964 PAIN NRCC	219	0	0	0	0	194.14
194.15	07965 NEUROSURGERY NRCC	253	0	58	0	0	194.15
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	103,997	342,967	293,554	202,927	69,760	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

Period:
From 01/01/2019
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00					
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	21,700				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,551,506	0	1,551,506	30.00
31.00 03100	INTENSIVE CARE UNIT	0	398,693	0	398,693	31.00
43.00 04300	NURSERY	0	66,034	0	66,034	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,670,144	0	1,670,144	50.00
51.00 05100	RECOVERY ROOM	0	109,842	0	109,842	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	171,660	0	171,660	52.00
53.00 05300	ANESTHESIOLOGY	0	104,826	0	104,826	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,022,112	0	1,022,112	54.00
54.01 03630	ULTRA SOUND	0	72,159	0	72,159	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	14,768	0	14,768	54.02
57.00 05700	CT SCAN	0	229,610	0	229,610	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	26,717	0	26,717	58.00
60.00 06000	LABORATORY	0	475,544	0	475,544	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	15,956	0	15,956	63.00
64.00 06400	INTRAVENOUS THERAPY	0	89,701	0	89,701	64.00
65.00 06500	RESPIRATORY THERAPY	0	187,259	0	187,259	65.00
66.00 06600	PHYSICAL THERAPY	0	305,854	0	305,854	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	13,042	0	13,042	67.00
68.00 06800	SPEECH PATHOLOGY	0	15,844	0	15,844	68.00
69.00 06900	ELECTROCARDIOLOGY	0	111,047	0	111,047	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,132	0	10,132	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	1,283	0	1,283	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	375,833	0	375,833	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	0	64,836	0	64,836	76.00
76.01 03953	OTHER ANCILLARY CMS LINE	0	0	0	0	76.01
76.02 03951	CASE MANAGEMENT	0	0	0	0	76.02
76.03 03950	PAIN MANAGEMENT	0	99,447	0	99,447	76.03
76.04 03610	SLEEP LAB	0	20,911	0	20,911	76.04
76.05 03480	ONCOLOGY	0	292,875	0	292,875	76.05
76.97 07697	CARDIAC REHABILITATION	0	62,616	0	62,616	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PALLIATIVE HEALTH	591	8,470	0	8,470	90.01
90.02 09002	VEIN CENTER	447	14,028	0	14,028	90.02
90.03 09003	OBGYN	3,445	234,456	0	234,456	90.03
90.04 09004	NEUROSURGERY	228	742	0	742	90.04
91.00 09100	EMERGENCY	0	480,715	0	480,715	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04952	BEHAVIORAL HEALTH	0	43,817	0	43,817	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	116,840	0	116,840	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	91,326	0	91,326	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,711	8,570,645	0	8,570,645	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	6,100	522,565	0	522,565	192.00
194.00 07950	WELLNESS	0	0	0	0	194.00
194.01 07951	JACKSON MOB	0	11,506	0	11,506	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

Period:
From 01/01/2019
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00					
194.02 07952 EXTERNAL SVCS MARKETING	572		59,135	0	59,135	194.02
194.03 07953 WASHINGTON CLINIC	1,164		85,448	0	85,448	194.03
194.04 07954 PHYSICIAN OFFICES	2,024		122,590	0	122,590	194.04
194.05 07955 INTEGRATED MEDICINE	577		121,532	0	121,532	194.05
194.06 07956 SURGICAL PROFESSIONAL	1,961		178,688	0	178,688	194.06
194.07 07957 PRIMARY CARE	0		610,344	0	610,344	194.07
194.08 07958 EMPLOYER CLINIC	2,331		185,741	0	185,741	194.08
194.09 07959 UROLOGY PROF	698		118,596	0	118,596	194.09
194.10 07960 SCOTTSBURG SPECIAL	229		7,384	0	7,384	194.10
194.11 07961 BEHAVIORAL HEALTH	0		1,062	0	1,062	194.11
194.12 07962 SPC	482		14,443	0	14,443	194.12
194.13 07963 VEIN NRCC	320		12,795	0	12,795	194.13
194.14 07964 PAIN NRCC	246		80,174	0	80,174	194.14
194.15 07965 NEUROSURGERY NRCC	285		2,658	0	2,658	194.15
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	21,700	0	10,705,306	0	10,705,306	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

Period: From 01/01/2019 To 12/31/2019

Worksheet B-1

Date/Time Prepared: 5/27/2020 2:52 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	370,066				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,444,036			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,808	0	52,975,940		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	35,710	1,243,323	9,326,368	-21,235,330	5.00
7.00 00700	OPERATION OF PLANT	20,606	253,771	1,536,956	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,258	0	46,376	0	8.00
9.00 00900	HOUSEKEEPING	1,931	3,547	1,021,665	0	9.00
10.00 01000	DIETARY	2,238	36,122	224,683	0	10.00
11.00 01100	CAFETERIA	4,980	0	499,892	0	11.00
13.00 01300	NURSING ADMINISTRATION	10,199	84,934	2,137,227	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	8,585	87,091	826,781	0	14.00
15.00 01500	PHARMACY	3,868	40,321	1,439,182	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,751	1,184	1,076,003	0	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	0	0	740,123	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	52,813	240,488	4,402,765	0	30.00
31.00 03100	INTENSIVE CARE UNIT	12,105	104,736	1,158,656	0	31.00
43.00 04300	NURSERY	2,516	0	372,868	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,809	611,824	3,284,758	0	50.00
51.00 05100	RECOVERY ROOM	5,067	401	492,347	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,030	0	1,507,354	0	52.00
53.00 05300	ANESTHESIOLOGY	86	97,747	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,249	704,721	2,098,478	0	54.00
54.01 03630	ULTRA SOUND	1,042	39,176	394,421	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	452	4,690	0	0	54.02
57.00 05700	CT SCAN	1,230	179,324	289,752	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	867	1,545	132,065	0	58.00
60.00 06000	LABORATORY	5,661	184,081	1,650,805	0	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	527	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	4,096	4,872	259,818	0	64.00
65.00 06500	RESPIRATORY THERAPY	5,089	50,820	1,169,044	0	65.00
66.00 06600	PHYSICAL THERAPY	12,522	15,025	1,220,529	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	1,738	378,236	0	67.00
68.00 06800	SPEECH PATHOLOGY	394	0	283,054	0	68.00
69.00 06900	ELECTROCARDIOLOGY	331	98,153	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	206	4,776	0	-8,326,300	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	-4,310,180	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	2,082	1,509	275,701	0	76.00
76.01 03953	OTHER ANCILLARY CMS LINE	0	0	0	0	76.01
76.02 03951	CASE MANAGEMENT	0	0	0	0	76.02
76.03 03950	PAIN MANAGEMENT	4,284	5,102	554,886	0	76.03
76.04 03610	SLEEP LAB	841	0	164,491	0	76.04
76.05 03480	ONCOLOGY	14,667	0	352,610	0	76.05
76.97 07697	CARDIAC REHABILITATION	2,201	9,483	438,199	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PALLIATIVE HEALTH	315	0	53,377	0	90.01
90.02 09002	VEIN CENTER	0	9,644	88,678	0	90.02
90.03 09003	OBGYN	8,290	55,108	496,921	0	90.03
90.04 09004	NEUROSURGERY	0	0	40,904	0	90.04
91.00 09100	EMERGENCY	14,519	56,956	2,847,280	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04952	BEHAVIORAL HEALTH	1,653	202	460,134	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	4,000	262	1,455,690	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	0	740,460	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	295,878	4,232,676	45,939,537	-33,871,810	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	20,084	28,307	1,124,781	0	192.00
194.00 07950	WELLNESS	0	0	0	0	194.00
194.01 07951	JACKSON MOB	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
5/27/2020 2:52 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.0207952 EXTERNAL SVCS MARKETING	1,930	0	221,537	0	1,075,389	194.02
194.0307953 WASHINGTON CLINIC	4,221	0	233,494	0	363,153	194.03
194.0407954 PHYSICIAN OFFICES	4,567	5,328	360,448	0	1,214,370	194.04
194.0507955 INTEGRATED MEDICINE	3,600	296	225,217	0	669,729	194.05
194.0607956 SURGICAL PROFESSIONAL	6,957	0	404,894	0	2,453,481	194.06
194.0707957 PRIMARY CARE	20,062	108,179	2,256,885	0	4,960,817	194.07
194.0807958 EMPLOYER CLINIC	7,205	14,928	773,908	0	1,360,438	194.08
194.0907959 UROLOGY PROF	2,502	43,934	129,409	0	999,458	194.09
194.1007960 SCOTTSBURG SPECIAL	0	3,788	0	0	56,411	194.10
194.1107961 BEHAVIORAL HEALTH	0	1,045	0	0	1,042	194.11
194.1207962 SPC	0	1,911	66,347	0	316,286	194.12
194.1307963 VEIN NRCC	0	0	202,868	0	630,441	194.13
194.1407964 PAIN NRCC	3,060	3,644	711,087	0	1,059,920	194.14
194.1507965 NEUROSURGERY NRCC	0	0	325,528	0	89,526	194.15
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,737,632	4,433,175	14,569,391		21,235,330	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15.504348	0.997556	0.275019		0.221637	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			59,041		1,818,263	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001114		0.018978	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
5/27/2020 2:52 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	309,942				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,258	473,894			8.00	
9.00	00900	HOUSEKEEPING	1,931	2,650	306,753		9.00	
10.00	01000	DIETARY	2,238	0	2,238	29,183	10.00	
11.00	01100	CAFETERIA	4,980	0	4,980	0	11.00	
13.00	01300	NURSING ADMINISTRATION	10,199	0	10,199	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	8,585	0	8,585	0	14.00	
15.00	01500	PHARMACY	3,868	0	3,868	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,751	0	1,751	0	16.00	
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,813	258,077	52,813	25,940	166,609	30.00
31.00	03100	INTENSIVE CARE UNIT	12,105	23,017	12,105	3,243	37,954	31.00
43.00	04300	NURSERY	2,516	10,779	2,516	0	10,844	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,809	48,758	25,809	0	108,079	50.00
51.00	05100	RECOVERY ROOM	5,067	0	5,067	0	14,006	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,030	3,854	6,030	0	43,840	52.00
53.00	05300	ANESTHESIOLOGY	86	0	86	0	15,074	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,249	40,373	11,249	0	40,415	54.00
54.01	03630	ULTRA SOUND	1,042	0	1,042	0	9,418	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	452	0	452	0	212	54.02
57.00	05700	CT SCAN	1,230	0	1,230	0	9,091	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	867	0	867	0	4,091	58.00
60.00	06000	LABORATORY	5,661	0	5,661	0	69,202	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	527	0	527	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,096	0	4,096	0	7,568	64.00
65.00	06500	RESPIRATORY THERAPY	5,089	0	5,089	0	41,184	65.00
66.00	06600	PHYSICAL THERAPY	12,522	23,291	12,522	0	43,155	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	9,700	67.00
68.00	06800	SPEECH PATHOLOGY	394	0	394	0	6,922	68.00
69.00	06900	ELECTROCARDIOLOGY	331	21,167	331	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	206	0	206	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	2,082	0	2,082	0	8,370	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	4,284	0	4,284	0	27,240	76.03
76.04	03610	SLEEP LAB	841	0	841	0	4,061	76.04
76.05	03480	ONCOLOGY	14,667	0	14,667	0	32,470	76.05
76.97	07697	CARDIAC REHABILITATION	2,201	0	2,201	0	11,583	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	315	0	315	0	6,428	90.01
90.02	09002	VEIN CENTER	0	0	0	0	4,868	90.02
90.03	09003	OBGYN	8,290	0	8,290	0	37,482	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	2,480	90.04
91.00	09100	EMERGENCY	14,519	41,928	14,519	0	120,942	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	1,653	0	1,653	0	11,821	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,000	0	4,000	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	235,754	473,894	232,565	29,183	1,089,580	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,084	0	20,084	0	66,337	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	1,930	0	1,930	0	6,218	194.02
194.03	07953	WASHINGTON CLINIC	4,221	0	4,221	0	12,667	194.03
194.04	07954	PHYSICIAN OFFICES	4,567	0	4,567	0	22,024	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
5/27/2020 2:52 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	
	7.00	8.00	9.00	10.00	11.00	
194.05 07955 INTEGRATED MEDICINE	3,600	0	3,600	0	6,281	194.05
194.06 07956 SURGICAL PROFESSIONAL	6,957	0	6,957	0	21,338	194.06
194.07 07957 PRIMARY CARE	20,062	0	20,062	0	0	194.07
194.08 07958 EMPLOYER CLINIC	7,205	0	7,205	0	25,362	194.08
194.09 07959 UROLOGY PROF	2,502	0	2,502	0	7,597	194.09
194.10 07960 SCOTTSBURG SPECIAL	0	0	0	0	2,488	194.10
194.11 07961 BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12 07962 SPC	0	0	0	0	5,242	194.12
194.13 07963 VEIN NRCC	0	0	0	0	3,478	194.13
194.14 07964 PAIN NRCC	3,060	0	3,060	0	2,679	194.14
194.15 07965 NEUROSURGERY NRCC	0	0	0	0	3,100	194.15
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,686,675	488,235	2,196,817	698,854	1,022,303	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	21.573956	1.030262	7.161518	23.947298	0.802189	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	704,283	30,151	77,266	91,026	103,997	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.272306	0.063624	0.251883	3.119145	0.081605	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet B-1 Date/Time Prepared: 5/27/2020 2:52 pm
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Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	
	13.00	14.00	15.00	16.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION	714,688				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	39,613	973,976			14.00
15.00 01500	PHARMACY	34,035	24,455	100		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	6,203	0	380,739,422	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	0	3,280	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	236,069	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	166,609	76,618	0	13,324,543	30.00
31.00 03100	INTENSIVE CARE UNIT	37,954	11,874	0	1,297,568	31.00
43.00 04300	NURSERY	10,844	0	0	1,005,797	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	108,079	162,505	0	118,906,384	50.00
51.00 05100	RECOVERY ROOM	0	3,177	0	9,938,044	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	43,840	0	0	7,289,049	52.00
53.00 05300	ANESTHESIOLOGY	0	123	0	7,149,004	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	40,415	28,775	0	11,575,538	54.00
54.01 03630	ULTRA SOUND	0	1,565	0	5,001,574	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	36	0	1,876,980	54.02
57.00 05700	CT SCAN	0	1,328	0	39,311,872	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	730	0	10,633,980	58.00
60.00 06000	LABORATORY	69,202	26,768	0	41,536,393	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	798,958	63.00
64.00 06400	INTRAVENOUS THERAPY	0	6,845	0	1,691,502	64.00
65.00 06500	RESPIRATORY THERAPY	0	7,143	0	5,600,499	65.00
66.00 06600	PHYSICAL THERAPY	43,155	5,853	0	6,419,223	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	1,144	0	2,572,057	67.00
68.00 06800	SPEECH PATHOLOGY	0	2,033	0	1,096,759	68.00
69.00 06900	ELECTROCARDIOLOGY	0	2,555	0	6,015,952	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,038,741	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	7,012,787	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	100	25,070,446	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	0	5,018	0	1,714,822	76.00
76.01 03953	OTHER ANCILLARY CMS LINE	0	0	0	0	76.01
76.02 03951	CASE MANAGEMENT	0	0	0	0	76.02
76.03 03950	PAIN MANAGEMENT	0	2,645	0	849,270	76.03
76.04 03610	SLEEP LAB	0	0	0	2,079,583	76.04
76.05 03480	ONCOLOGY	0	0	0	11,870,858	76.05
76.97 07697	CARDIAC REHABILITATION	0	1,617	0	298,950	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PALLIATIVE HEALTH	0	246	0	91,290	90.01
90.02 09002	VEIN CENTER	0	2,507	0	690,855	90.02
90.03 09003	OBGYN	0	20,062	0	996,491	90.03
90.04 09004	NEUROSURGERY	0	155	0	19,860	90.04
91.00 09100	EMERGENCY	120,942	23,727	0	22,004,550	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04952	BEHAVIORAL HEALTH	0	1,600	0	450,295	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	9,815	0	2,589,312	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	10,012	0	2,919,636	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	714,688	450,414	100	380,739,422	51,258
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	107,747	0	0	66,337
194.00 07950	WELLNESS	0	0	0	0	194.00
194.01 07951	JACKSON MOB	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
5/27/2020 2:52 pm

Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	
	13.00	14.00	15.00	16.00	18.00		
194.0207952 EXTERNAL SVCS MARKETING	0	8,644	0	0	0	6,218	194.02
194.0307953 WASHINGTON CLINIC	0	0	0	0	0	12,667	194.03
194.0407954 PHYSICIAN OFFICES	0	24,950	0	0	0	22,024	194.04
194.0507955 INTEGRATED MEDICINE	0	139,758	0	0	0	6,281	194.05
194.0607956 SURGICAL PROFESSIONAL	0	8,457	0	0	0	21,338	194.06
194.0707957 PRIMARY CARE	0	145,036	0	0	0	0	194.07
194.0807958 EMPLOYER CLINIC	0	32,754	0	0	0	25,362	194.08
194.0907959 UROLOGY PROF	0	30,631	0	0	0	7,597	194.09
194.1007960 SCOTTSBURG SPECIAL	0	6,975	0	0	0	2,488	194.10
194.1107961 BEHAVIORAL HEALTH	0	0	0	0	0	0	194.11
194.1207962 SPC	0	18,417	0	0	0	5,242	194.12
194.1307963 VEIN NRCC	0	0	0	0	0	3,478	194.13
194.1407964 PAIN NRCC	0	0	0	0	0	2,679	194.14
194.1507965 NEUROSURGERY NRCC	0	193	0	0	0	3,100	194.15
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,672,802	2,387,331	4,597,748	2,058,438	1,241,153		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.538240	2.451119	45,977.480000	0.005406	5.257586		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	342,967	293,554	202,927	69,760	21,700		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.479884	0.301398	2,029.270000	0.000183	0.091922		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)							206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	76.01
76.02	03951	CASE MANAGEMENT	76.02
76.03	03950	PAIN MANAGEMENT	76.03
76.04	03610	SLEEP LAB	76.04
76.05	03480	ONCOLOGY	76.05
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	PALLIATIVE HEALTH	90.01
90.02	09002	VEIN CENTER	90.02
90.03	09003	OBGYN	90.03
90.04	09004	NEUROSURGERY	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
93.00	04952	BEHAVIORAL HEALTH	93.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	WELLNESS	194.00
194.01	07951	JACKSON MOB	194.01
194.02	07952	EXTERNAL SVCS MARKETING	194.02
194.03	07953	WASHINGTON CLINIC	194.03
194.04	07954	PHYSICIAN OFFICES	194.04

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
5/27/2020 2:52 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
194.05	07955 INTEGRATED MEDICINE	0	194.05
194.06	07956 SURGICAL PROFESSIONAL	0	194.06
194.07	07957 PRIMARY CARE	0	194.07
194.08	07958 EMPLOYER CLINIC	0	194.08
194.09	07959 UROLOGY PROF	0	194.09
194.10	07960 SCOTTSBURG SPECIAL	0	194.10
194.11	07961 BEHAVIORAL HEALTH	0	194.11
194.12	07962 SPC	0	194.12
194.13	07963 VEIN NRCC	0	194.13
194.14	07964 PAIN NRCC	0	194.14
194.15	07965 NEUROSURGERY NRCC	0	194.15
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part I
Date/Time Prepared:
5/27/2020 2:52 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		12,380,767	0	12,380,767	30.00	
31.00	03100 INTENSIVE CARE UNIT		3,134,816	0	3,134,816	31.00	
43.00	04300 NURSERY		1,024,578	0	1,024,578	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		10,871,414	0	10,871,414	50.00	
51.00	05100 RECOVERY ROOM		1,095,296	0	1,095,296	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,796,227	0	2,796,227	52.00	
53.00	05300 ANESTHESIOLOGY		259,034	0	259,034	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,810,441	0	5,810,441	54.00	
54.01	03630 ULTRA SOUND		821,401	0	821,401	54.01	
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC		124,371	0	124,371	54.02	
57.00	05700 CT SCAN		1,538,730	0	1,538,730	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		531,548	0	531,548	58.00	
60.00	06000 LABORATORY		5,611,419	48,049	5,659,468	60.00	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		425,517	0	425,517	63.00	
64.00	06400 INTRAVENOUS THERAPY		646,354	0	646,354	64.00	
65.00	06500 RESPIRATORY THERAPY	0	2,330,968	0	2,330,968	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,926,762	0	2,926,762	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	621,791	0	621,791	67.00	
68.00	06800 SPEECH PATHOLOGY	0	481,391	0	481,391	68.00	
69.00	06900 ELECTROCARDIOLOGY		286,794	1,069	287,863	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,381,082	0	8,381,082	71.00	
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS		4,348,091	0	4,348,091	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		15,570,894	0	15,570,894	73.00	
76.00	03952 WOUND CARE (DIABETES CENTER)		589,782	0	589,782	76.00	
76.01	03953 OTHER ANCILLARY CMS LINE		0	0	0	76.01	
76.02	03951 CASE MANAGEMENT		0	0	0	76.02	
76.03	03950 PAIN MANAGEMENT		1,014,036	0	1,014,036	76.03	
76.04	03610 SLEEP LAB		351,126	0	351,126	76.04	
76.05	03480 ONCOLOGY		2,007,410	172,186	2,179,596	76.05	
76.97	07697 CARDIAC REHABILITATION		818,461	0	818,461	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.01	09001 PALLIATIVE HEALTH		147,296	0	147,296	90.01	
90.02	09002 VEIN CENTER		205,639	0	205,639	90.02	
90.03	09003 OBGYN		1,597,510	0	1,597,510	90.03	
90.04	09004 NEUROSURGERY		29,367	0	29,367	90.04	
91.00	09100 EMERGENCY		6,482,445	0	6,482,445	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,151,101	0	3,151,101	92.00	
93.00	04952 BEHAVIORAL HEALTH		821,131	0	821,131	93.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY		2,681,536		2,681,536	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPICE		1,421,437		1,421,437	116.00	
200.00	Subtotal (see instructions)		103,337,963	0	103,337,963	200.00	
201.00	Less Observation Beds		3,151,101		3,151,101	201.00	
202.00	Total (see instructions)		100,186,862	0	100,186,862	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 5/27/2020 2:52 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	11,219,465		11,219,465				30.00
31.00	03100	INTENSIVE CARE UNIT	1,297,568		1,297,568				31.00
43.00	04300	NURSERY	1,005,797		1,005,797				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	21,893,767	97,012,617	118,906,384	0.091428	0.000000		50.00
51.00	05100	RECOVERY ROOM	1,288,924	8,649,120	9,938,044	0.110212	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,934,208	354,841	7,289,049	0.383620	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,255,883	5,893,121	7,149,004	0.036234	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	659,209	10,916,329	11,575,538	0.501959	0.000000		54.00
54.01	03630	ULTRA SOUND	264,625	4,736,949	5,001,574	0.164229	0.000000		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	47,848	1,829,132	1,876,980	0.066261	0.000000		54.02
57.00	05700	CT SCAN	1,624,819	37,687,053	39,311,872	0.039142	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	430,607	10,203,373	10,633,980	0.049986	0.000000		58.00
60.00	06000	LABORATORY	5,165,705	36,370,688	41,536,393	0.135096	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	330,823	468,135	798,958	0.532590	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	233,390	1,458,112	1,691,502	0.382118	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	2,798,104	2,802,395	5,600,499	0.416207	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	617,316	5,801,907	6,419,223	0.455937	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	535,154	2,036,903	2,572,057	0.241749	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	186,985	909,774	1,096,759	0.438921	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	741,125	5,274,827	6,015,952	0.047672	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,390,106	6,648,635	9,038,741	0.927240	0.000000		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	2,382,975	4,629,812	7,012,787	0.620023	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,366,913	21,703,533	25,070,446	0.621086	0.000000		73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	48,096	1,666,726	1,714,822	0.343932	0.000000		76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0.000000	0.000000		76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0.000000	0.000000		76.02
76.03	03950	PAIN MANAGEMENT	8,065	841,205	849,270	1.194009	0.000000		76.03
76.04	03610	SLEEP LAB	1,050	2,078,533	2,079,583	0.168844	0.000000		76.04
76.05	03480	ONCOLOGY	5,000	11,865,858	11,870,858	0.169104	0.000000		76.05
76.97	07697	CARDIAC REHABILITATION	0	298,950	298,950	2.737786	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	PALLIATIVE HEALTH	2,705	88,585	91,290	1.613495	0.000000		90.01
90.02	09002	VEIN CENTER	0	690,855	690,855	0.297659	0.000000		90.02
90.03	09003	OBGYN	791,491	205,000	996,491	1.603135	0.000000		90.03
90.04	09004	NEUROSURGERY	0	19,860	19,860	1.478701	0.000000		90.04
91.00	09100	EMERGENCY	2,493,675	19,510,875	22,004,550	0.294596	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	97,728	2,007,350	2,105,078	1.496905	0.000000		92.00
93.00	04952	BEHAVIORAL HEALTH	98,505	351,790	450,295	1.823540	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	2,589,312	2,589,312				101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	2,919,636	2,919,636				116.00
200.00		Subtotal (see instructions)	70,217,631	310,521,791	380,739,422				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	70,217,631	310,521,791	380,739,422				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 5/27/2020 2:52 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.091428		50.00
51.00	05100	RECOVERY ROOM	0.110212		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.383620		52.00
53.00	05300	ANESTHESIOLOGY	0.036234		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.501959		54.00
54.01	03630	ULTRA SOUND	0.164229		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.066261		54.02
57.00	05700	CT SCAN	0.039142		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.049986		58.00
60.00	06000	LABORATORY	0.136253		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.532590		63.00
64.00	06400	INTRAVENOUS THERAPY	0.382118		64.00
65.00	06500	RESPIRATORY THERAPY	0.416207		65.00
66.00	06600	PHYSICAL THERAPY	0.455937		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241749		67.00
68.00	06800	SPEECH PATHOLOGY	0.438921		68.00
69.00	06900	ELECTROCARDIOLOGY	0.047850		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.927240		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.620023		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.621086		73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.343932		76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000		76.01
76.02	03951	CASE MANAGEMENT	0.000000		76.02
76.03	03950	PAIN MANAGEMENT	1.194009		76.03
76.04	03610	SLEEP LAB	0.168844		76.04
76.05	03480	ONCOLOGY	0.183609		76.05
76.97	07697	CARDIAC REHABILITATION	2.737786		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PALLIATIVE HEALTH	1.613495		90.01
90.02	09002	VEIN CENTER	0.297659		90.02
90.03	09003	OBGYN	1.603135		90.03
90.04	09004	NEUROSURGERY	1.478701		90.04
91.00	09100	EMERGENCY	0.294596		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.496905		92.00
93.00	04952	BEHAVIORAL HEALTH	1.823540		93.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 5/27/2020 2:52 pm		
			Title XIX	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,380,767		0	12,380,767	30.00
31.00	03100	INTENSIVE CARE UNIT	3,134,816		0	3,134,816	31.00
43.00	04300	NURSEY	1,024,578		0	1,024,578	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,871,414		0	10,871,414	50.00
51.00	05100	RECOVERY ROOM	1,095,296		0	1,095,296	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,796,227		0	2,796,227	52.00
53.00	05300	ANESTHESIOLOGY	259,034		0	259,034	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,810,441		0	5,810,441	54.00
54.01	03630	ULTRA SOUND	821,401		0	821,401	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	124,371		0	124,371	54.02
57.00	05700	CT SCAN	1,538,730		0	1,538,730	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	531,548		0	531,548	58.00
60.00	06000	LABORATORY	5,611,419		48,049	5,659,468	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	425,517		0	425,517	63.00
64.00	06400	INTRAVENOUS THERAPY	646,354		0	646,354	64.00
65.00	06500	RESPIRATORY THERAPY	2,330,968	0	0	2,330,968	65.00
66.00	06600	PHYSICAL THERAPY	2,926,762	0	0	2,926,762	66.00
67.00	06700	OCCUPATIONAL THERAPY	621,791	0	0	621,791	67.00
68.00	06800	SPEECH PATHOLOGY	481,391	0	0	481,391	68.00
69.00	06900	ELECTROCARDIOLOGY	286,794		1,069	287,863	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,381,082		0	8,381,082	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	4,348,091		0	4,348,091	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,570,894		0	15,570,894	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	589,782		0	589,782	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0		0	0	76.01
76.02	03951	CASE MANAGEMENT	0		0	0	76.02
76.03	03950	PAIN MANAGEMENT	1,014,036		0	1,014,036	76.03
76.04	03610	SLEEP LAB	351,126		0	351,126	76.04
76.05	03480	ONCOLOGY	2,007,410		172,186	2,179,596	76.05
76.97	07697	CARDIAC REHABILITATION	818,461		0	818,461	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0		0	0	90.00
90.01	09001	PALLIATIVE HEALTH	147,296		0	147,296	90.01
90.02	09002	VEIN CENTER	205,639		0	205,639	90.02
90.03	09003	OBGYN	1,597,510		0	1,597,510	90.03
90.04	09004	NEUROSURGERY	29,367		0	29,367	90.04
91.00	09100	EMERGENCY	6,482,445		0	6,482,445	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,151,101		0	3,151,101	92.00
93.00	04952	BEHAVIORAL HEALTH	821,131		0	821,131	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	2,681,536			2,681,536	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0			0	113.00
116.00	11600	HOSPICE	1,421,437			1,421,437	116.00
200.00		Subtotal (see instructions)	103,337,963	0		103,559,267	200.00
201.00		Less Observation Beds	3,151,101			3,151,101	201.00
202.00		Total (see instructions)	100,186,862	0	221,304	100,408,166	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part I
Date/Time Prepared:
5/27/2020 2:52 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,219,465		11,219,465		30.00
31.00	03100	INTENSIVE CARE UNIT	1,297,568		1,297,568		31.00
43.00	04300	NURSERY	1,005,797		1,005,797		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,893,767	97,012,617	118,906,384	0.091428	50.00
51.00	05100	RECOVERY ROOM	1,288,924	8,649,120	9,938,044	0.110212	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,934,208	354,841	7,289,049	0.383620	52.00
53.00	05300	ANESTHESIOLOGY	1,255,883	5,893,121	7,149,004	0.036234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	659,209	10,916,329	11,575,538	0.501959	54.00
54.01	03630	ULTRA SOUND	264,625	4,736,949	5,001,574	0.164229	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	47,848	1,829,132	1,876,980	0.066261	54.02
57.00	05700	CT SCAN	1,624,819	37,687,053	39,311,872	0.039142	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	430,607	10,203,373	10,633,980	0.049986	58.00
60.00	06000	LABORATORY	5,165,705	36,370,688	41,536,393	0.135096	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	330,823	468,135	798,958	0.532590	63.00
64.00	06400	INTRAVENOUS THERAPY	233,390	1,458,112	1,691,502	0.382118	64.00
65.00	06500	RESPIRATORY THERAPY	2,798,104	2,802,395	5,600,499	0.416207	65.00
66.00	06600	PHYSICAL THERAPY	617,316	5,801,907	6,419,223	0.455937	66.00
67.00	06700	OCCUPATIONAL THERAPY	535,154	2,036,903	2,572,057	0.241749	67.00
68.00	06800	SPEECH PATHOLOGY	186,985	909,774	1,096,759	0.438921	68.00
69.00	06900	ELECTROCARDIOLOGY	741,125	5,274,827	6,015,952	0.047672	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,390,106	6,648,635	9,038,741	0.927240	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	2,382,975	4,629,812	7,012,787	0.620023	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,366,913	21,703,533	25,070,446	0.621086	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	48,096	1,666,726	1,714,822	0.343932	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0.000000	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	8,065	841,205	849,270	1.194009	76.03
76.04	03610	SLEEP LAB	1,050	2,078,533	2,079,583	0.168844	76.04
76.05	03480	ONCOLOGY	5,000	11,865,858	11,870,858	0.169104	76.05
76.97	07697	CARDIAC REHABILITATION	0	298,950	298,950	2.737786	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	PALLIATIVE HEALTH	2,705	88,585	91,290	1.613495	90.01
90.02	09002	VEIN CENTER	0	690,855	690,855	0.297659	90.02
90.03	09003	OBGYN	791,491	205,000	996,491	1.603135	90.03
90.04	09004	NEUROSURGERY	0	19,860	19,860	1.478701	90.04
91.00	09100	EMERGENCY	2,493,675	19,510,875	22,004,550	0.294596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	97,728	2,007,350	2,105,078	1.496905	92.00
93.00	04952	BEHAVIORAL HEALTH	98,505	351,790	450,295	1.823540	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	2,589,312	2,589,312		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,919,636	2,919,636		116.00
200.00		Subtotal (see instructions)	70,217,631	310,521,791	380,739,422		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	70,217,631	310,521,791	380,739,422		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 5/27/2020 2:52 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	03630	ULTRA SOUND	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	54.02
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
60.00	06000	LABORATORY	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.000000	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	76.01
76.02	03951	CASE MANAGEMENT	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	0.000000	76.03
76.04	03610	SLEEP LAB	0.000000	76.04
76.05	03480	ONCOLOGY	0.000000	76.05
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	PALLIATIVE HEALTH	0.000000	90.01
90.02	09002	VEIN CENTER	0.000000	90.02
90.03	09003	OBGYN	0.000000	90.03
90.04	09004	NEUROSURGERY	0.000000	90.04
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
93.00	04952	BEHAVIORAL HEALTH	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part I Date/Time Prepared: 5/27/2020 2:52 pm		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS	
Title XVIII		Hospital		PPS				
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,551,506	1,240	1,550,266	9,905	156.51	30.00	
31.00	INTENSIVE CARE UNIT	398,693		398,693	980	406.83	31.00	
43.00	NURSERY	66,034		66,034	1,645	40.14	43.00	
200.00	Total (lines 30 through 199)	2,016,233		2,014,993	12,530		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,738	428,524					30.00
31.00	INTENSIVE CARE UNIT	423	172,089					31.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	3,161	600,613					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 5/27/2020 2:52 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS	
						Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,670,144	118,906,384	0.014046	9,557,659	134,247	50.00
51.00	05100 RECOVERY ROOM	109,842	9,938,044	0.011053	517,370	5,718	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	171,660	7,289,049	0.023550	850,479	20,029	52.00
53.00	05300 ANESTHESIOLOGY	104,826	7,149,004	0.014663	481,129	7,055	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,022,112	11,575,538	0.088299	401,357	35,439	54.00
54.01	03630 ULTRA SOUND	72,159	5,001,574	0.014427	140,179	2,022	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	14,768	1,876,980	0.007868	36,327	286	54.02
57.00	05700 CT SCAN	229,610	39,311,872	0.005841	1,484,426	8,671	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	26,717	10,633,980	0.002512	299,447	752	58.00
60.00	06000 LABORATORY	475,544	41,536,393	0.011449	2,397,156	27,445	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	15,956	798,958	0.019971	283,696	5,666	63.00
64.00	06400 INTRAVENOUS THERAPY	89,701	1,691,502	0.053030	132,098	7,005	64.00
65.00	06500 RESPIRATORY THERAPY	187,259	5,600,499	0.033436	1,368,602	45,761	65.00
66.00	06600 PHYSICAL THERAPY	305,854	6,419,223	0.047647	340,376	16,218	66.00
67.00	06700 OCCUPATIONAL THERAPY	13,042	2,572,057	0.005071	320,880	1,627	67.00
68.00	06800 SPEECH PATHOLOGY	15,844	1,096,759	0.014446	43,139	623	68.00
69.00	06900 ELECTROCARDIOLOGY	111,047	6,015,952	0.018459	507,246	9,363	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,132	9,038,741	0.001121	1,162,339	1,303	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	1,283	7,012,787	0.000183	1,107,909	203	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	375,833	25,070,446	0.014991	1,652,068	24,766	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	64,836	1,714,822	0.037809	11,366	430	76.00
76.01	03953 OTHER ANCILLARY CMS LINE	0	0	0.000000	0	0	76.01
76.02	03951 CASE MANAGEMENT	0	0	0.000000	0	0	76.02
76.03	03950 PAIN MANAGEMENT	99,447	849,270	0.117097	0	0	76.03
76.04	03610 SLEEP LAB	20,911	2,079,583	0.010055	572	6	76.04
76.05	03480 ONCOLOGY	292,875	11,870,858	0.024672	1,658	41	76.05
76.97	07697 CARDIAC REHABILITATION	62,616	298,950	0.209453	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	8,470	91,290	0.092781	215	20	90.01
90.02	09002 VEIN CENTER	14,028	690,855	0.020305	0	0	90.02
90.03	09003 OBGYN	234,456	996,491	0.235282	0	0	90.03
90.04	09004 NEUROSURGERY	742	19,860	0.037362	0	0	90.04
91.00	09100 EMERGENCY	480,715	22,004,550	0.021846	661,625	14,454	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	394,883	2,105,078	0.187586	14,177	2,659	92.00
93.00	04952 BEHAVIORAL HEALTH	43,817	450,295	0.097307	0	0	93.00
200.00	Total (lines 50 through 199)	6,741,129	361,707,644		23,773,495	371,809	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 5/27/2020 2:52 pm
Title XVIII		Hospital	PPS

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	9,905	0.00	2,738	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	980	0.00	423	31.00	
43.00	04300	NURSERY		0	1,645	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	12,530		3,161	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 5/27/2020 2:52 pm
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Cost Center Description	Title XVIII						Allied Health Post-Stepdown Adjustments	Allied Health PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Hospital				
	1.00	2A	2.00	3A		3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	0	0	0	0	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0	0	0	0	0	76.03
76.04	03610	SLEEP LAB	0	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0	90.01
90.02	09002	VEIN CENTER	0	0	0	0	0	90.02
90.03	09003	OBGYN	0	0	0	0	0	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04952	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 5/27/2020 2:52 pm
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Cost Center Description	Title XVIII			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	118,906,384	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	9,938,044	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,289,049	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,149,004	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	11,575,538	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	5,001,574	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	1,876,980	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	39,311,872	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,633,980	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	41,536,393	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	798,958	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,691,502	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,600,499	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,419,223	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,572,057	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,096,759	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,015,952	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,038,741	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	7,012,787	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,070,446	0.000000	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	0	0	1,714,822	0.000000	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0.000000	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	0	0	0	849,270	0.000000	76.03
76.04	03610	SLEEP LAB	0	0	0	2,079,583	0.000000	76.04
76.05	03480	ONCOLOGY	0	0	0	11,870,858	0.000000	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	298,950	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	91,290	0.000000	90.01
90.02	09002	VEIN CENTER	0	0	0	690,855	0.000000	90.02
90.03	09003	OBGYN	0	0	0	996,491	0.000000	90.03
90.04	09004	NEUROSURGERY	0	0	0	19,860	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	22,004,550	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,105,078	0.000000	92.00
93.00	04952	BEHAVIORAL HEALTH	0	0	0	450,295	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	361,707,644		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 5/27/2020 2:52 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	9,557,659	0	19,650,233	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	517,370	0	1,832,545	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	850,479	0	2,827	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	481,129	0	1,076,456	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	401,357	0	5,944,801	0	54.00
54.01	03630 ULTRA SOUND	0.000000	140,179	0	982,809	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	36,327	0	664,204	0	54.02
57.00	05700 CT SCAN	0.000000	1,484,426	0	8,436,042	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	299,447	0	2,683,151	0	58.00
60.00	06000 LABORATORY	0.000000	2,397,156	0	4,771,905	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	283,696	0	196,817	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	132,098	0	331,674	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,368,602	0	388,050	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	340,376	0	15,966	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	320,880	0	96,017	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	43,139	0	7,007	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	507,246	0	1,467,497	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,162,339	0	1,300,399	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	1,107,909	0	934,230	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,652,068	0	7,940,120	0	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0.000000	11,366	0	531,242	0	76.00
76.01	03953 OTHER ANCILLARY CMS LINE	0.000000	0	0	0	0	76.01
76.02	03951 CASE MANAGEMENT	0.000000	0	0	0	0	76.02
76.03	03950 PAIN MANAGEMENT	0.000000	0	0	231,575	0	76.03
76.04	03610 SLEEP LAB	0.000000	572	0	544,327	0	76.04
76.05	03480 ONCOLOGY	0.000000	1,658	0	185,660	0	76.05
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	116,332	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	0.000000	215	0	25,161	0	90.01
90.02	09002 VEIN CENTER	0.000000	0	0	123,820	0	90.02
90.03	09003 OBGYN	0.000000	0	0	201,348	0	90.03
90.04	09004 NEUROSURGERY	0.000000	0	0	5,454	0	90.04
91.00	09100 EMERGENCY	0.000000	661,625	0	3,643,299	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	14,177	0	561,587	0	92.00
93.00	04952 BEHAVIORAL HEALTH	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		23,773,495	0	64,892,555	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 5/27/2020 2:52 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.091428	19,650,233	0	0	1,796,582	50.00
51.00	05100 RECOVERY ROOM	0.110212	1,832,545	0	0	201,968	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.383620	2,827	0	0	1,084	52.00
53.00	05300 ANESTHESIOLOGY	0.036234	1,076,456	0	0	39,004	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.501959	5,944,801	0	0	2,984,046	54.00
54.01	03630 ULTRA SOUND	0.164229	982,809	0	0	161,406	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.066261	664,204	0	0	44,011	54.02
57.00	05700 CT SCAN	0.039142	8,436,042	0	0	330,204	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.049986	2,683,151	0	0	134,120	58.00
60.00	06000 LABORATORY	0.135096	4,771,905	0	8,971	644,665	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.532590	196,817	0	0	104,823	63.00
64.00	06400 INTRAVENOUS THERAPY	0.382118	331,674	0	0	126,739	64.00
65.00	06500 RESPIRATORY THERAPY	0.416207	388,050	0	0	161,509	65.00
66.00	06600 PHYSICAL THERAPY	0.455937	15,966	0	0	7,279	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.241749	96,017	0	0	23,212	67.00
68.00	06800 SPEECH PATHOLOGY	0.438921	7,007	0	0	3,076	68.00
69.00	06900 ELECTROCARDIOLOGY	0.047672	1,467,497	0	0	69,959	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.927240	1,300,399	0	0	1,205,782	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.620023	934,230	0	0	579,244	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.621086	7,940,120	4,445	7,794	4,931,497	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0.343932	531,242	0	0	182,711	76.00
76.01	03953 OTHER ANCILLARY CMS LINE	0.000000	0	0	0	0	76.01
76.02	03951 CASE MANAGEMENT	0.000000	0	0	0	0	76.02
76.03	03950 PAIN MANAGEMENT	1.194009	231,575	0	0	276,503	76.03
76.04	03610 SLEEP LAB	0.168844	544,327	0	0	91,906	76.04
76.05	03480 ONCOLOGY	0.169104	185,660	0	0	31,396	76.05
76.97	07697 CARDIAC REHABILITATION	2.737786	116,332	0	0	318,492	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	1.613495	25,161	0	0	40,597	90.01
90.02	09002 VEIN CENTER	0.297659	123,820	0	0	36,856	90.02
90.03	09003 OBGYN	1.603135	201,348	0	0	322,788	90.03
90.04	09004 NEUROSURGERY	1.478701	5,454	0	0	8,065	90.04
91.00	09100 EMERGENCY	0.294596	3,643,299	0	0	1,073,301	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.496905	561,587	0	0	840,642	92.00
93.00	04952 BEHAVIORAL HEALTH	1.823540	0	0	0	0	93.00
200.00	Subtotal (see instructions)		64,892,555	4,445	16,765	16,773,467	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		64,892,555	4,445	16,765	16,773,467	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 5/27/2020 2:52 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630	ULTRA SOUND	0	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.02
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00 06000	LABORATORY	0	1,212	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,761	4,841	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	0	0	76.00
76.01 03953	OTHER ANCILLARY CMS LINE	0	0	76.01
76.02 03951	CASE MANAGEMENT	0	0	76.02
76.03 03950	PAIN MANAGEMENT	0	0	76.03
76.04 03610	SLEEP LAB	0	0	76.04
76.05 03480	ONCOLOGY	0	0	76.05
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	0	0	90.00
90.01 09001	PALLIATIVE HEALTH	0	0	90.01
90.02 09002	VEIN CENTER	0	0	90.02
90.03 09003	OBGYN	0	0	90.03
90.04 09004	NEUROSURGERY	0	0	90.04
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00 04952	BEHAVIORAL HEALTH	0	0	93.00
200.00	Subtotal (see instructions)	2,761	6,053	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	2,761	6,053	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0065

Period: From 01/01/2019

Worksheet D

Component CCN: 15-U065

To 12/31/2019

Part V
Date/Time Prepared:
5/27/2020 2:52 pm

Title XVIII

Swing Beds - SNF

PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.091428	0	0	0	0
51.00 05100 RECOVERY ROOM	0.110212	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.383620	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.036234	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.501959	0	0	0	0
54.01 03630 ULTRA SOUND	0.164229	0	0	0	0
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.066261	0	0	0	0
57.00 05700 CT SCAN	0.039142	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.049986	0	0	0	0
60.00 06000 LABORATORY	0.135096	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.532590	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.382118	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.416207	0	0	0	0
66.00 06600 PHYSICAL THERAPY	0.455937	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.241749	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.438921	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.047672	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.927240	0	0	0	0
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.620023	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.621086	0	0	0	0
76.00 03952 WOUND CARE (DIABETES CENTER)	0.343932	0	0	0	0
76.01 03953 OTHER ANCILLARY CMS LINE	0.000000	0	0	0	0
76.02 03951 CASE MANAGEMENT	0.000000	0	0	0	0
76.03 03950 PAIN MANAGEMENT	1.194009	0	0	0	0
76.04 03610 SLEEP LAB	0.168844	0	0	0	0
76.05 03480 ONCOLOGY	0.169104	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	2.737786	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 PALLIATIVE HEALTH	1.613495	0	0	0	0
90.02 09002 VEIN CENTER	0.297659	0	0	0	0
90.03 09003 OBGYN	1.603135	0	0	0	0
90.04 09004 NEUROSURGERY	1.478701	0	0	0	0
91.00 09100 EMERGENCY	0.294596	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.496905	0	0	0	0
93.00 04952 BEHAVIORAL HEALTH	1.823540	0	0	0	0
200.00	Subtotal (see instructions)		0	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0
202.00	Net Charges (line 200 - line 201)		0	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0065 Component CCN: 15-U065	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 5/27/2020 2:52 pm
Title XVIII		Swing Beds - SNF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 03952 WOUND CARE (DIABETES CENTER)	0	0		76.00
76.01 03953 OTHER ANCILLARY CMS LINE	0	0		76.01
76.02 03951 CASE MANAGEMENT	0	0		76.02
76.03 03950 PAIN MANAGEMENT	0	0		76.03
76.04 03610 SLEEP LAB	0	0		76.04
76.05 03480 ONCOLOGY	0	0		76.05
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PALLIATIVE HEALTH	0	0		90.01
90.02 09002 VEIN CENTER	0	0		90.02
90.03 09003 OBGYN	0	0		90.03
90.04 09004 NEUROSURGERY	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04952 BEHAVIORAL HEALTH	0	0		93.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 5/27/2020 2:52 pm
	Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.091428	0	0	1,914,204	0
51.00 05100 RECOVERY ROOM	0.110212	0	0	188,080	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.383620	0	0	23,188	0
53.00 05300 ANESTHESIOLOGY	0.036234	0	0	179,712	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.501959	0	0	360,540	0
54.01 03630 ULTRA SOUND	0.164229	0	0	99,718	0
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.066261	0	0	18,301	0
57.00 05700 CT SCAN	0.039142	0	0	882,570	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.049986	0	0	200,180	0
60.00 06000 LABORATORY	0.135096	0	0	849,562	0
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.532590	0	0	6,281	0
64.00 06400 INTRAVENOUS THERAPY	0.382118	0	0	27,375	0
65.00 06500 RESPIRATORY THERAPY	0.416207	0	0	83,901	0
66.00 06600 PHYSICAL THERAPY	0.455937	0	0	113,797	0
67.00 06700 OCCUPATIONAL THERAPY	0.241749	0	0	43,804	0
68.00 06800 SPEECH PATHOLOGY	0.438921	0	0	52,582	0
69.00 06900 ELECTROCARDIOLOGY	0.047672	0	0	144,611	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.927240	0	0	226,648	0
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.620023	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.621086	0	0	234,823	0
76.00 03952 WOUND CARE (DIABETES CENTER)	0.343932	0	0	37,916	0
76.01 03953 OTHER ANCILLARY CMS LINE	0.000000	0	0	0	0
76.02 03951 CASE MANAGEMENT	0.000000	0	0	0	0
76.03 03950 PAIN MANAGEMENT	1.194009	0	0	166,963	0
76.04 03610 SLEEP LAB	0.168844	0	0	0	0
76.05 03480 ONCOLOGY	0.169104	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	2.737786	0	0	3,433	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 PALLIATIVE HEALTH	1.613495	0	0	6,328	0
90.02 09002 VEIN CENTER	0.297659	0	0	35,522	0
90.03 09003 OBGYN	1.603135	0	0	0	0
90.04 09004 NEUROSURGERY	1.478701	0	0	0	0
91.00 09100 EMERGENCY	0.294596	0	0	796,239	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.496905	0	0	156,001	0
93.00 04952 BEHAVIORAL HEALTH	1.823540	0	0	0	0
200.00	Subtotal (see instructions)	0	0	6,852,279	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0
202.00	Net Charges (line 200 - line 201)			6,852,279	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 5/27/2020 2:52 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	175,012	50.00
51.00 05100	RECOVERY ROOM	0	20,729	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	8,895	52.00
53.00 05300	ANESTHESIOLOGY	0	6,512	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	180,976	54.00
54.01 03630	ULTRA SOUND	0	16,377	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,213	54.02
57.00 05700	CT SCAN	0	34,546	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,006	58.00
60.00 06000	LABORATORY	0	114,772	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	3,345	63.00
64.00 06400	INTRAVENOUS THERAPY	0	10,460	64.00
65.00 06500	RESPIRATORY THERAPY	0	34,920	65.00
66.00 06600	PHYSICAL THERAPY	0	51,884	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	10,590	67.00
68.00 06800	SPEECH PATHOLOGY	0	23,079	68.00
69.00 06900	ELECTROCARDIOLOGY	0	6,894	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	210,157	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	145,845	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	0	13,041	76.00
76.01 03953	OTHER ANCILLARY CMS LINE	0	0	76.01
76.02 03951	CASE MANAGEMENT	0	0	76.02
76.03 03950	PAIN MANAGEMENT	0	199,355	76.03
76.04 03610	SLEEP LAB	0	0	76.04
76.05 03480	ONCOLOGY	0	0	76.05
76.97 07697	CARDIAC REHABILITATION	0	9,399	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	0	0	90.00
90.01 09001	PALLIATIVE HEALTH	0	10,210	90.01
90.02 09002	VEIN CENTER	0	10,573	90.02
90.03 09003	OBGYN	0	0	90.03
90.04 09004	NEUROSURGERY	0	0	90.04
91.00 09100	EMERGENCY	0	234,569	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	233,519	92.00
93.00 04952	BEHAVIORAL HEALTH	0	0	93.00
200.00	Subtotal (see instructions)	0	1,776,878	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	1,776,878	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 5/27/2020 2:52 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,961	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,905	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,382	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		26	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		30	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,738	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		26	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		231.33	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		129.14	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,380,767	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		6,015	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		3,874	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		9,889	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,370,878	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,370,878	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,248.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,419,625	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,419,625	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 5/27/2020 2:52 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	3,134,816	980	3,198.79	423	1,353,088	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,959,861	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,732,574	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					600,613	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					371,809	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					972,422	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					9,760,152	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					6,015	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					6,015	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					2,523	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,248.95	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,151,101	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 5/27/2020 2:52 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,551,506	12,380,767	0.125316	3,151,101	394,883	90.00
91.00	Nursing School cost	0	12,380,767	0.000000	3,151,101	0	91.00
92.00	Allied health cost	0	12,380,767	0.000000	3,151,101	0	92.00
93.00	All other Medical Education	0	12,380,767	0.000000	3,151,101	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2020 2:52 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,961	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,905	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,382	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		26	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		30	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,364	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,645	15.00
16.00	Nursery days (title V or XIX only)		844	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		231.33	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		129.14	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,380,767	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		6,015	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		3,874	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		9,889	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,370,878	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,370,878	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,248.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,703,568	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,703,568	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 5/27/2020 2:52 pm	
Title XIX			Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	1,024,578	1,645	622.84	844	525,677	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	3,134,816	980	3,198.79	49	156,741	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					732,570	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,118,556	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0 50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						0 54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)						0 56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00 Bonus payment (see instructions)						0 58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00 Relief payment (see instructions)						0 62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					2,523	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,248.95	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,151,101	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 5/27/2020 2:52 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,551,506	12,380,767	0.125316	3,151,101	394,883	90.00
91.00	Nursing School cost	0	12,380,767	0.000000	3,151,101	0	91.00
92.00	Allied health cost	0	12,380,767	0.000000	3,151,101	0	92.00
93.00	All other Medical Education	0	12,380,767	0.000000	3,151,101	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 5/27/2020 2:52 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,842,587	30.00
31.00	03100	INTENSIVE CARE UNIT		556,288	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.091428	9,557,659	873,838 50.00
51.00	05100	RECOVERY ROOM	0.110212	517,370	57,020 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.383620	850,479	326,261 52.00
53.00	05300	ANESTHESIOLOGY	0.036234	481,129	17,433 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.501959	401,357	201,465 54.00
54.01	03630	ULTRA SOUND	0.164229	140,179	23,021 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.066261	36,327	2,407 54.02
57.00	05700	CT SCAN	0.039142	1,484,426	58,103 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.049986	299,447	14,968 58.00
60.00	06000	LABORATORY	0.136253	2,397,156	326,620 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.532590	283,696	151,094 63.00
64.00	06400	INTRAVENOUS THERAPY	0.382118	132,098	50,477 64.00
65.00	06500	RESPIRATORY THERAPY	0.416207	1,368,602	569,622 65.00
66.00	06600	PHYSICAL THERAPY	0.455937	340,376	155,190 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241749	320,880	77,572 67.00
68.00	06800	SPEECH PATHOLOGY	0.438921	43,139	18,935 68.00
69.00	06900	ELECTROCARDIOLOGY	0.047850	507,246	24,272 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.927240	1,162,339	1,077,767 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.620023	1,107,909	686,929 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.621086	1,652,068	1,026,076 73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.343932	11,366	3,909 76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	0 76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	0 76.02
76.03	03950	PAIN MANAGEMENT	1.194009	0	0 76.03
76.04	03610	SLEEP LAB	0.168844	572	97 76.04
76.05	03480	ONCOLOGY	0.183609	1,658	304 76.05
76.97	07697	CARDIAC REHABILITATION	2.737786	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	PALLIATIVE HEALTH	1.613495	215	347 90.01
90.02	09002	VEIN CENTER	0.297659	0	0 90.02
90.03	09003	OBGYN	1.603135	0	0 90.03
90.04	09004	NEUROSURGERY	1.478701	0	0 90.04
91.00	09100	EMERGENCY	0.294596	661,625	194,912 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.496905	14,177	21,222 92.00
93.00	04952	BEHAVIORAL HEALTH	1.823540	0	0 93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		23,773,495	5,959,861 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		23,773,495	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3	
		Component CCN: 15-U065		Date/Time Prepared: 5/27/2020 2:52 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.091428	0	50.00
51.00	05100	RECOVERY ROOM	0.110212	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.383620	0	52.00
53.00	05300	ANESTHESIOLOGY	0.036234	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.501959	0	54.00
54.01	03630	ULTRA SOUND	0.164229	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.066261	0	54.02
57.00	05700	CT SCAN	0.039142	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.049986	0	58.00
60.00	06000	LABORATORY	0.136253	4,433	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.532590	1,735	63.00
64.00	06400	INTRAVENOUS THERAPY	0.382118	1	64.00
65.00	06500	RESPIRATORY THERAPY	0.416207	4,041	65.00
66.00	06600	PHYSICAL THERAPY	0.455937	6,154	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241749	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.438921	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047850	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.927240	2,299	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.620023	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.621086	9,105	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.343932	16	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	76.02
76.03	03950	PAIN MANAGEMENT	1.194009	0	76.03
76.04	03610	SLEEP LAB	0.168844	0	76.04
76.05	03480	ONCOLOGY	0.183609	0	76.05
76.97	07697	CARDIAC REHABILITATION	2.737786	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PALLIATIVE HEALTH	1.613495	0	90.01
90.02	09002	VEIN CENTER	0.297659	0	90.02
90.03	09003	OBGYN	1.603135	0	90.03
90.04	09004	NEUROSURGERY	1.478701	0	90.04
91.00	09100	EMERGENCY	0.294596	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.496905	0	92.00
93.00	04952	BEHAVIORAL HEALTH	1.823540	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		27,784	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		27,784	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 5/27/2020 2:52 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		241,528	30.00
31.00	03100	INTENSIVE CARE UNIT		53,453	31.00
43.00	04300	NURSERY		193,060	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.091428	600,081	50.00
51.00	05100	RECOVERY ROOM	0.110212	34,813	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.383620	876,636	52.00
53.00	05300	ANESTHESIOLOGY	0.036234	140,600	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.501959	19,896	54.00
54.01	03630	ULTRA SOUND	0.164229	15,482	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.066261	0	54.02
57.00	05700	CT SCAN	0.039142	56,945	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.049986	12,198	58.00
60.00	06000	LABORATORY	0.135096	318,900	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.532590	6,700	63.00
64.00	06400	INTRAVENOUS THERAPY	0.382118	7,060	64.00
65.00	06500	RESPIRATORY THERAPY	0.416207	93,937	65.00
66.00	06600	PHYSICAL THERAPY	0.455937	12,010	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241749	9,167	67.00
68.00	06800	SPEECH PATHOLOGY	0.438921	203	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047672	23,492	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.927240	109,869	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.620023	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.621086	143,945	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.343932	2,511	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	76.02
76.03	03950	PAIN MANAGEMENT	1.194009	0	76.03
76.04	03610	SLEEP LAB	0.168844	0	76.04
76.05	03480	ONCOLOGY	0.169104	0	76.05
76.97	07697	CARDIAC REHABILITATION	2.737786	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PALLIATIVE HEALTH	1.613495	1,229	90.01
90.02	09002	VEIN CENTER	0.297659	0	90.02
90.03	09003	OBGYN	1.603135	0	90.03
90.04	09004	NEUROSURGERY	1.478701	0	90.04
91.00	09100	EMERGENCY	0.294596	86,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.496905	168	92.00
93.00	04952	BEHAVIORAL HEALTH	1.823540	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,572,023	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		2,572,023	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065 Component CCN: 15-U065	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 5/27/2020 2:52 pm	
Cost Center Description		Title XIX	Swing Beds - NF	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.091428	0	50.00
51.00	05100	RECOVERY ROOM	0.110212	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.383620	0	52.00
53.00	05300	ANESTHESIOLOGY	0.036234	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.501959	0	54.00
54.01	03630	ULTRA SOUND	0.164229	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.066261	0	54.02
57.00	05700	CT SCAN	0.039142	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.049986	0	58.00
60.00	06000	LABORATORY	0.135096	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.532590	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.382118	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.416207	0	65.00
66.00	06600	PHYSICAL THERAPY	0.455937	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241749	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.438921	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.047672	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.927240	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.620023	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.621086	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.343932	0	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	76.02
76.03	03950	PAIN MANAGEMENT	1.194009	0	76.03
76.04	03610	SLEEP LAB	0.168844	0	76.04
76.05	03480	ONCOLOGY	0.169104	0	76.05
76.97	07697	CARDIAC REHABILITATION	2.737786	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PALLIATIVE HEALTH	1.613495	0	90.01
90.02	09002	VEIN CENTER	0.297659	0	90.02
90.03	09003	OBGYN	1.603135	0	90.03
90.04	09004	NEUROSURGERY	1.478701	0	90.04
91.00	09100	EMERGENCY	0.294596	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.496905	0	92.00
93.00	04952	BEHAVIORAL HEALTH	1.823540	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 5/27/2020 2:52 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		5,687,033	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		1,800,455	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		268,340	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		32,314	2.04
3.00	Managed Care Simulated Payments		2,278,852	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		77.63	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.37	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.17	31.00
32.00	Sum of lines 30 and 31		28.54	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.00	33.00
34.00	Disproportionate share adjustment (see instructions)		224,625	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 5/27/2020 2:52 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,050,933	930,985 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		786,040	234,018 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,020,058	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		9,032,825	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		9,032,825	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		640,957	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		9,673,782	59.00
60.00	Primary payer payments		23,588	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		9,650,194	61.00
62.00	Deductibles billed to program beneficiaries		880,880	62.00
63.00	Coinurance billed to program beneficiaries		7,843	63.00
64.00	Allowable bad debts (see instructions)		49,619	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		32,252	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		28,049	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		8,793,723	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		49,275	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 5/27/2020 2:52 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2019	667,239	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2020	226,853	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		9,737,090	71.00
71.01	Sequestration adjustment (see instructions)		194,742	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		9,191,288	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		351,060	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		105,357	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2020 2:52 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,687,033	0	5,687,033		5,687,033	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,800,455	0		1,800,455	1,800,455	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	268,340	0	268,340		268,340	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	32,314	0		32,314	32,314	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	2,278,852	0	1,923,564	355,288	2,278,852	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1200	0.1200	0.1200	0.1200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	224,625	0	170,611	54,014	224,625	11.00
11.01	Uncompensated care payments	36.00	1,020,058	0	786,040	234,018	1,020,058	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	9,032,825	0	6,912,024	2,120,801	9,032,825	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	9,032,825	0	6,912,024	2,120,801	9,032,825	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2020 2:52 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	640,957	0	470,656	170,301	640,957	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	7,382,680	2,291,102	9,673,782	19.00
	W/S L, line	(Amounts from L)						
	0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	606,261	0	453,450	152,811	606,261	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	-8,745	8,745	0	20.01
21.00	Capital DRG outlier payments	2.00	34,696	0	25,951	8,745	34,696	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	640,957	0	470,656	170,301	640,957	26.00
	W/S E, Part A line	(Amounts to E, Part A)						
	0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor			0.090379	0.099015			27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96		667,239			667,239	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97			226,853		226,853	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 5/27/2020 2:52 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,814	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		16,773,467	2.00
3.00	OPPS payments		13,005,408	3.00
4.00	Outlier payment (see instructions)		166,230	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,814	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		21,210	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		21,210	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		21,210	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		12,396	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		8,814	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		13,171,638	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,493,604	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		10,686,848	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		10,686,848	30.00
31.00	Primary payer payments		2,748	31.00
32.00	Subtotal (line 30 minus line 31)		10,684,100	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		354,011	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		230,107	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		240,056	36.00
37.00	Subtotal (see instructions)		10,914,207	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-90	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		10,914,297	40.00
40.01	Sequestration adjustment (see instructions)		218,286	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		10,471,839	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		224,172	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,727,147	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2020 2:52 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		9,191,288		10,471,839	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,191,288		10,471,839	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		351,060		224,172	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		9,542,348		10,696,011	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0065
Component CCN: 15-U065

Period:
From 01/01/2019
To 12/31/2019

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2020 2:52 pm

Title XVIII

Swing Beds - SNF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,622		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,622		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,622		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 5/27/2020 2:52 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet E-2
		Component CCN: 15-U065	Date/Time Prepared: 5/27/2020 2:52 pm	
		Title XVIII	Swing Beds - SNF	PPS
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	4,716	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)		0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	26	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	4,716	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	4,716	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	4,716	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)	0	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	4,716	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)	0		16.55
16.99	Demonstration payment adjustment amount before sequestration	0	0	16.99
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	4,716	0	19.00
19.01	Sequestration adjustment (see instructions)	94	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)	0	0	19.02
20.00	Interim payments	4,622	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	0	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
Comparison of PPS versus Cost Reimbursement				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet E-2
		Component CCN: 15-U065	Date/Time Prepared: 5/27/2020 2:52 pm	
		Title XIX	Swing Beds - NF	Cost
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	0		1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)	0		2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)	0		3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)	0.00		4.00
5.00	Program days	0		5.00
6.00	Interns and residents not in approved teaching program (see instructions)	0		6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	0		8.00
9.00	Primary payer payments (see instructions)	0		9.00
10.00	Subtotal (line 8 minus line 9)	0		10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0		11.00
12.00	Subtotal (line 10 minus line 11)	0		12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)	0		13.00
14.00	80% of Part B costs (line 12 x 80%)	0		14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	0		15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)			16.55
16.99	Demonstration payment adjustment amount before sequestration	0		16.99
17.00	Allowable bad debts (see instructions)	0		17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0		17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		18.00
19.00	Total (see instructions)	0		19.00
19.01	Sequestration adjustment (see instructions)	0		19.01
19.02	Demonstration payment adjustment amount after sequestration)	0		19.02
20.00	Interim payments	0		20.00
21.00	Tentative settlement (for contractor use only)	0		21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	0		22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		23.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
Comparison of PPS versus Cost Reimbursement				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet G

Date/Time Prepared:
5/27/2020 2:52 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	55,019,401	0	0	0	1.00
2.00	Temporary investments	8,000,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	61,270,634	0	0	0	4.00
5.00	Other receivable	15,129,592	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-43,392,673	0	0	0	6.00
7.00	Inventory	4,680,637	0	0	0	7.00
8.00	Prepaid expenses	1,720,952	0	0	0	8.00
9.00	Other current assets	13,702,150	0	0	0	9.00
10.00	Due from other funds	-238,500	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	115,892,193	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,738,428	0	0	0	12.00
13.00	Land improvements	4,765,960	0	0	0	13.00
14.00	Accumulated depreciation	-2,935,029	0	0	0	14.00
15.00	Buildings	141,850,649	0	0	0	15.00
16.00	Accumulated depreciation	-52,175,113	0	0	0	16.00
17.00	Leasehold improvements	4,360,853	0	0	0	17.00
18.00	Accumulated depreciation	-94,659	0	0	0	18.00
19.00	Fixed equipment	7,605,614	0	0	0	19.00
20.00	Accumulated depreciation	-4,626,306	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	52,572,000	0	0	0	23.00
24.00	Accumulated depreciation	-39,644,300	0	0	0	24.00
25.00	Minor equipment depreciable	3,918,736	0	0	0	25.00
26.00	Accumulated depreciation	-3,200,826	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	123,136,007	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	11,037,448	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	157,790,334	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	168,827,782	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	407,855,982	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,724,567	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,393,397	0	0	0	38.00
39.00	Payroll taxes payable	19,134	0	0	0	39.00
40.00	Notes and loans payable (short term)	26,351	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,082	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	19,164,531	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	25,083,885	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	25,083,885	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	44,248,416	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	363,607,566				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	363,607,566	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	407,855,982	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
5/27/2020 2:52 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		336,885,336		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		26,722,230				2.00
3.00	Total (sum of line 1 and line 2)		363,607,566		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		363,607,566		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		363,607,566		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2020 2:52 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	5,260,673		5,260,673	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	5,260,673		5,260,673	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,461,023		1,461,023	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	1,461,023		1,461,023	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	6,721,696		6,721,696	17.00
18.00	Ancillary services	57,203,262	308,621,149	365,824,411	18.00
19.00	Outpatient services	7,200,430	42,687,431	49,887,861	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,589,312	2,589,312	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,919,636	2,919,636	26.00
27.00	OTHER OUTPATIENT	98,505	2,080,970	2,179,475	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	71,223,893	358,898,498	430,122,391	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		157,768,550		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		157,768,550		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
5/27/2020 2:52 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	430,122,391	1.00
2.00	Less contractual allowances and discounts on patients' accounts	269,709,654	2.00
3.00	Net patient revenues (line 1 minus line 2)	160,412,737	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	157,768,550	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,644,187	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-159,604	6.00
7.00	Income from investments	15,964,065	7.00
8.00	Revenues from telephone and other miscellaneous communication services	3,876	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	51,875	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	460,276	14.00
15.00	Revenue from rental of living quarters	628,746	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	251,900	17.00
18.00	Revenue from sale of medical records and abstracts	26,753	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	3,800	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	5,829	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	91,665	22.00
23.00	Governmental appropriations	0	23.00
24.00	CONTRACT REVENUE	1,718,726	24.00
24.01	GRANT REVENUE	120,302	24.01
24.02	MISC INCOME	4,930,166	24.02
24.03	UNREALIZED GAIN/LOSS	-20,332	24.03
24.04	OTHER (SPECIFY) EHR INCENTIVE	0	24.04
25.00	Total other income (sum of lines 6-24)	24,078,043	25.00
26.00	Total (line 5 plus line 25)	26,722,230	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	26,722,230	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0065

Period: From 01/01/2019

Worksheet H

HHA CCN: 15-7155

To 12/31/2019

Date/Time Prepared: 5/27/2020 2:52 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	443,919	3,090	22,562	119,550	589,121	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	505,138	0	0	0	505,138	6.00
7.00	Physical Therapy	244,160	0	0	0	244,160	7.00
8.00	Occupational Therapy	204,247	0	0	0	204,247	8.00
9.00	Speech Pathology	30,513	0	0	0	30,513	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	26,397	0	0	0	26,397	11.00
12.00	Supplies (see instructions)	0	0	0	6,283	6,283	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,454,374	3,090	22,562	125,833	1,605,859	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	589,121	1,316	590,437		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	505,138	0	505,138		6.00
7.00	Physical Therapy	0	244,160	0	244,160		7.00
8.00	Occupational Therapy	0	204,247	0	204,247		8.00
9.00	Speech Pathology	0	30,513	0	30,513		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Home Health Aide	0	26,397	0	26,397		11.00
12.00	Supplies (see instructions)	0	6,283	0	6,283		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	1,605,859	1,316	1,607,175		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable. 5/27/2020 2:52 pm

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0065	Period: From 01/01/2019	Worksheet H-1 Part I
		HHA CCN: 15-7155	To 12/31/2019	Date/Time Prepared: 5/27/2020 2:52 pm
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	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bl dgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	590,437	0	0	0	590,437	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	505,138	0	0	0	505,138	6.00	
7.00	Physical Therapy	244,160	0	0	0	244,160	7.00	
8.00	Occupational Therapy	204,247	0	0	0	204,247	8.00	
9.00	Speech Pathology	30,513	0	0	0	30,513	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Home Health Aide	26,397	0	0	0	26,397	11.00	
12.00	Supplies (see instructions)	6,283	0	0	0	6,283	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
23.50	Tel emedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	1,607,175	0	0	0	1,607,175	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					

GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	590,437					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	293,342	798,480				6.00
7.00	Physical Therapy	141,788	385,948				7.00
8.00	Occupational Therapy	118,610	322,857				8.00
9.00	Speech Pathology	17,719	48,232				9.00
10.00	Medical Social Services	0	0				10.00
11.00	Home Health Aide	15,329	41,726				11.00
12.00	Supplies (see instructions)	3,649	9,932				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		1,607,175				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0065	Period: From 01/01/2019	Worksheet H-1
		HHA CCN: 15-7155	To 12/31/2019	Part II
				Date/Time Prepared: 5/27/2020 2:52 pm
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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	1,690			0		1.00
2.00	Capital Related - Movable Equipment		261		0		2.00
3.00	Plant Operation & Maintenance	0	0	1,690	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	1,690	261	1,690	0	-590,437	1,016,738
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	505,138
7.00	Physical Therapy	0	0	0	0	0	244,160
8.00	Occupational Therapy	0	0	0	0	0	204,247
9.00	Speech Pathology	0	0	0	0	0	30,513
10.00	Medical Social Services	0	0	0	0	0	0
11.00	Home Health Aide	0	0	0	0	0	26,397
12.00	Supplies (see instructions)	0	0	0	0	0	6,283
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	1,690	261	1,690	0	-590,437	1,016,738
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	590,437
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.580717

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0065

Period: From 01/01/2019

Worksheet H-2

HHA CCN: 15-7155

To 12/31/2019

Part I
Date/Time Prepared: 5/27/2020 2:52 pm

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	62,017	261	122,086	184,364	40,862	1.00
2.00 Skilled Nursing Care	798,480	0	0	138,921	937,401	207,763	2.00
3.00 Physical Therapy	385,948	0	0	67,149	453,097	100,423	3.00
4.00 Occupational Therapy	322,857	0	0	56,172	379,029	84,007	4.00
5.00 Speech Pathology	48,232	0	0	8,392	56,624	12,550	5.00
6.00 Medical Social Services	0	0	0	362	362	80	6.00
7.00 Home Health Aide	41,726	0	0	7,260	48,986	10,857	7.00
8.00 Supplies (see instructions)	9,932	0	0	0	9,932	2,201	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Tel emedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	1,607,175	62,017	261	400,342	2,069,795	458,743	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	86,296	0	28,646	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Tel emedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	86,296	0	28,646	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0065

Period: From 01/01/2019

Worksheet H-2

HHA CCN: 15-7155

To 12/31/2019

Part I
Date/Time Prepared:
5/27/2020 2:52 pm

Home Health
Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PHYSICIAN PRIVATE PRACTICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
	14.00	15.00	16.00	18.00	19.00	24.00	
1.00 Administrative and General	0	0	13,998	0	0	354,166	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	1,145,164	2.00
3.00 Physical Therapy	0	0	0	0	0	553,520	3.00
4.00 Occupational Therapy	0	0	0	0	0	463,036	4.00
5.00 Speech Pathology	0	0	0	0	0	69,174	5.00
6.00 Medical Social Services	0	0	0	0	0	442	6.00
7.00 Home Health Aide	0	0	0	0	0	59,843	7.00
8.00 Supplies (see instructions)	24,058	0	0	0	0	36,191	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	24,058	0	13,998	0	0	2,681,536	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
	25.00	26.00	27.00	28.00			
1.00 Administrative and General	0	354,166					1.00
2.00 Skilled Nursing Care	0	1,145,164	174,266	1,319,430			2.00
3.00 Physical Therapy	0	553,520	84,231	637,751			3.00
4.00 Occupational Therapy	0	463,036	70,462	533,498			4.00
5.00 Speech Pathology	0	69,174	10,526	79,700			5.00
6.00 Medical Social Services	0	442	67	509			6.00
7.00 Home Health Aide	0	59,843	9,107	68,950			7.00
8.00 Supplies (see instructions)	0	36,191	5,507	41,698			8.00
9.00 Drugs	0	0	0	0			9.00
10.00 DME	0	0	0	0			10.00
11.00 Home Dialysis Aide Services	0	0	0	0			11.00
12.00 Respiratory Therapy	0	0	0	0			12.00
13.00 Private Duty Nursing	0	0	0	0			13.00
14.00 Clinic	0	0	0	0			14.00
15.00 Health Promotion Activities	0	0	0	0			15.00
16.00 Day Care Program	0	0	0	0			16.00
17.00 Home Delivered Meals Program	0	0	0	0			17.00
18.00 Homemaker Service	0	0	0	0			18.00
19.00 All Others (specify)	0	0	0	0			19.00
19.50 Telemedicine	0	0	0	0			19.50
20.00 Total (sum of lines 1-19) (2)	0	2,681,536	354,166	2,681,536			20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.152174				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2019 To 12/31/2019	Worksheet H-2 Part II Date/Time Prepared: 5/27/2020 2:52 pm
		Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	4,000	262	443,919	0	184,364	4,000	1.00
2.00 Skilled Nursing Care	0	0	505,138	0	937,401	0	2.00
3.00 Physical Therapy	0	0	244,160	0	453,097	0	3.00
4.00 Occupational Therapy	0	0	204,247	0	379,029	0	4.00
5.00 Speech Pathology	0	0	30,513	0	56,624	0	5.00
6.00 Medical Social Services	0	0	1,316	0	362	0	6.00
7.00 Home Health Aide	0	0	26,397	0	48,986	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	9,932	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	4,000	262	1,455,690		2,069,795	4,000	20.00
21.00 Total cost to be allocated	62,017	261	400,342		458,743	86,296	21.00
22.00 Unit cost multiplier	15.504250	0.996183	0.275019		0.221637	21.574000	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATIVE (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	4,000	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	9,815	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	4,000	0	0	0	9,815	20.00
21.00 Total cost to be allocated	0	28,646	0	0	0	24,058	21.00
22.00 Unit cost multiplier	0.000000	7.161500	0.000000	0.000000	0.000000	2.451146	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2019 To 12/31/2019	Worksheet H-2 Part II Date/Time Prepared: 5/27/2020 2:52 pm PPS
		Home Health Agency I	

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			PHYSICIAN PRIVATE PRACTICE (TIME SPENT)			
	15.00	16.00	18.00	19.00		
1.00 Administrative and General	0	2,589,312	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	2,589,312	0	0		20.00
21.00 Total cost to be allocated	0	13,998	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.005406	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0065	Period: 01/01/2019	Worksheet H-3
		HHA CCN: 15-7155	To 12/31/2019	Part I
		Title XVIII		Date/Time Prepared: 5/27/2020 2:52 pm
		Home Health Agency I		PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,319,430		1,319,430	3,593	367.22	1.00
2.00	Physical Therapy	3.00	637,751	0	637,751	3,014	211.60	2.00
3.00	Occupational Therapy	4.00	533,498	0	533,498	1,687	316.24	3.00
4.00	Speech Pathology	5.00	79,700	0	79,700	175	455.43	4.00
5.00	Medical Social Services	6.00	509		509	38	13.39	5.00
6.00	Home Health Aide	7.00	68,950		68,950	979	70.43	6.00
7.00	Total (sum of lines 1-6)		2,639,838	0	2,639,838	9,486		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits			Ratio (col. 3 ÷ col. 4)
			Part A	Part B		
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
0	1.00	2.00	3.00	4.00	5.00	

Limitation Cost Computation							
8.00	Skilled Nursing Care		18020	0	31		8.00
8.01	Skilled Nursing Care		31140	0	220		8.01
8.02	Skilled Nursing Care		99915	0	1,428		8.02
9.00	Physical Therapy		18020	0	54		9.00
9.01	Physical Therapy		31140	0	110		9.01
9.02	Physical Therapy		99915	0	1,402		9.02
10.00	Occupational Therapy		18020	0	13		10.00
10.01	Occupational Therapy		31140	0	64		10.01
10.02	Occupational Therapy		99915	0	772		10.02
11.00	Speech Pathology		18020	0	1		11.00
11.01	Speech Pathology		31140	0	3		11.01
11.02	Speech Pathology		99915	0	71		11.02
12.00	Medical Social Services		18020	0	0		12.00
12.01	Medical Social Services		31140	0	0		12.01
12.02	Medical Social Services		99915	0	13		12.02
13.00	Home Health Aide		18020	0	16		13.00
13.01	Home Health Aide		31140	0	13		13.01
13.02	Home Health Aide		99915	0	458		13.02
14.00	Total (sum of lines 8-13)			0	4,669		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	41,698	0	41,698	42,542	0.980161	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	1,679		0	616,562	1.00
2.00	Physical Therapy	0	1,566		0	331,366	2.00
3.00	Occupational Therapy	0	849		0	268,488	3.00
4.00	Speech Pathology	0	75		0	34,157	4.00
5.00	Medical Social Services	0	13		0	174	5.00
6.00	Home Health Aide	0	487		0	34,299	6.00
7.00	Total (sum of lines 1-6)	0	4,669		0	1,285,046	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2019 To 12/31/2019	Worksheet H-3 Part I Date/Time Prepared: 5/27/2020 2:52 pm
				Title XVIII	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
14.00	Total (sum of lines 8-13)						14.00
		Program Covered Charges			Cost of Services		
Cost Center Description		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	22,757	0	0	22,306
16.00	Cost of Drugs		0	0		0	0
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	616,562					
2.00	Physical Therapy	331,366					
3.00	Occupational Therapy	268,488					
4.00	Speech Pathology	34,157					
5.00	Medical Social Services	174					
6.00	Home Health Aide	34,299					
7.00	Total (sum of lines 1-6)	1,285,046					
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2019 To 12/31/2019	Worksheet H-3 Part II Date/Time Prepared: 5/27/2020 2:52 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.455937	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.241749	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.438921	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.927240	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.621086	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2019 To 12/31/2019	Worksheet H-4 Part I-II Date/Time Prepared: 5/27/2020 2:52 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	835,885
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	46,262
13.00	Total PPS Reimbursement - LUPA Episodes		0	20,774
14.00	Total PPS Reimbursement - PEP Episodes		0	7,462
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	11,593
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	921,976
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	921,976
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	921,976
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	921,976
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	921,976
31.01	Sequestration adjustment (see instructions)		0	18,439
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	903,537
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 15-0065
HHA CCN: 15-7155

Period: From 01/01/2019 To 12/31/2019

Worksheet H-5
Date/Time Prepared: 5/27/2020 2:52 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		903,537	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		903,537	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		903,537	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS	Provider CCN: 15-0065 Hospice CCN: 15-1529	Period: From 01/01/2019 To 12/31/2019	Worksheet 0 Date/Time Prepared: 5/27/2020 2:52 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		12,000	12,000	0	12,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		6,385	6,385	0	6,385	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	8,870	52,566	61,436	0	61,436	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	12,727	12,727	0	12,727	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	6,772	6,772	0	6,772	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	4,650	4,650	13.00
14.00	PHARMACY*	0	1,613	1,613	0	1,613	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	9,881	9,881	0	9,881	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	71,803	537	72,340	0	72,340	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	400,920	0	400,920	0	400,920	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	82,812	82,812	33.00
34.00	SPIRITUAL COUNSELING**	165,364	0	165,364	-87,462	77,902	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	88,691	0	88,691	0	88,691	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	65,494	65,494	0	65,494	38.00
39.00	PATIENT TRANSPORTATION**	0	13,958	13,958	0	13,958	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	3,240	3,240	0	3,240	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	6,081	0	6,081	0	6,081	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	64	64	0	64	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	741,729	185,237	926,966	0	926,966	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet 0
		Hospice CCN: 15-1529		Date/Time Prepared: 5/27/2020 2:52 pm
		Hospice I		

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	12,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	6,385	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	-1	61,435	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	12,727	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	6,772	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	4,650	13.00
14.00	PHARMACY*	0	1,613	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	9,881	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	72,340	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	400,920	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	82,812	33.00
34.00	SPIRITUAL COUNSELING**	0	77,902	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	88,691	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	65,494	38.00
39.00	PATIENT TRANSPORTATION**	0	13,958	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	3,240	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	6,081	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	-64	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-65	926,901	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0065 Hospice CCN: 15-1529	Period: From 01/01/2019 To 12/31/2019	Worksheet 0-2 Date/Time Prepared: 5/27/2020 2:52 pm
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	Hospice I					
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	70,239	525	70,764	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	392,184	0	392,184	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	81,008	33.00
34.00	SPIRITUAL COUNSELING	161,761	0	161,761	-85,557	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	86,759	0	86,759	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	65,494	65,494	0	38.00
39.00	PATIENT TRANSPORTATION	0	13,654	13,654	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	3,169	3,169	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	5,949	0	5,949	0	46.00
100.00	TOTAL *	716,892	82,842	799,734	-4,549	795,185

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

	ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
	6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED		25.00
26.00	PHYSICIAN SERVICES	70,764	26.00
27.00	NURSE PRACTITIONER	0	27.00
28.00	REGISTERED NURSE	392,184	28.00
29.00	LPN/LVN	0	29.00
30.00	PHYSICAL THERAPY	0	30.00
31.00	OCCUPATIONAL THERAPY	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	32.00
33.00	MEDICAL SOCIAL SERVICES	81,008	33.00
34.00	SPIRITUAL COUNSELING	76,204	34.00
35.00	DIETARY COUNSELING	0	35.00
36.00	COUNSELING - OTHER	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	86,759	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	65,494	38.00
39.00	PATIENT TRANSPORTATION	13,654	39.00
40.00	IMAGING SERVICES	0	40.00
41.00	LABS & DIAGNOSTICS	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	3,169	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	42.50
43.00	OUTPATIENT SERVICES	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	5,949	46.00
100.00	TOTAL *	795,185	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRE CARE

Provider CCN: 15-0065

Period: From 01/01/2019 To 12/31/2019

Worksheet 0-3

Hospice CCN: 15-1529

Date/Time Prepared: 5/27/2020 2:52 pm

	Hospice I					SUBTOTAL	
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL		
	1.00	2.00	3.00	4.00	5.00		
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	745	6	751	0	751	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	4,160	0	4,160	0	4,160	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	859	859	33.00
34.00	SPIRITUAL COUNSELING	1,716	0	1,716	-907	809	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	920	0	920	0	920	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	145	145	0	145	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	34	34	0	34	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	63	0	63	0	63	46.00
100.00	TOTAL *	7,604	185	7,789	-48	7,741	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

	ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
	6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	25.00
26.00	PHYSICIAN SERVICES	751	26.00
27.00	NURSE PRACTITIONER	0	27.00
28.00	REGISTERED NURSE	4,160	28.00
29.00	LPN/LVN	0	29.00
30.00	PHYSICAL THERAPY	0	30.00
31.00	OCCUPATIONAL THERAPY	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	32.00
33.00	MEDICAL SOCIAL SERVICES	859	33.00
34.00	SPIRITUAL COUNSELING	809	34.00
35.00	DIETARY COUNSELING	0	35.00
36.00	COUNSELING - OTHER	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	920	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	38.00
39.00	PATIENT TRANSPORTATION	145	39.00
40.00	IMAGING SERVICES	0	40.00
41.00	LABS & DIAGNOSTICS	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	34	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	42.50
43.00	OUTPATIENT SERVICES	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	63	46.00
100.00	TOTAL *	7,741	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL
INPATIENT CARE

Provider CCN: 15-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet 0-4

Hospice CCN: 15-1529

Date/Time Prepared:
5/27/2020 2:52 pm

	Hospice I					
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	25.00
26.00	PHYSICIAN SERVICES	819	6	825	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	4,576	0	4,576	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	945	33.00
34.00	SPIRITUAL COUNSELING	1,887	0	1,887	-998	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1,012	0	1,012	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	159	159	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	37	37	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	69	0	69	0	46.00
100.00	TOTAL *	8,363	202	8,565	-53	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

	ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
	6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	25.00
26.00	PHYSICIAN SERVICES	825	26.00
27.00	NURSE PRACTITIONER	0	27.00
28.00	REGISTERED NURSE	4,576	28.00
29.00	LPN/LVN	0	29.00
30.00	PHYSICAL THERAPY	0	30.00
31.00	OCCUPATIONAL THERAPY	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	32.00
33.00	MEDICAL SOCIAL SERVICES	945	33.00
34.00	SPIRITUAL COUNSELING	889	34.00
35.00	DIETARY COUNSELING	0	35.00
36.00	COUNSELING - OTHER	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1,012	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	38.00
39.00	PATIENT TRANSPORTATION	159	39.00
40.00	IMAGING SERVICES	0	40.00
41.00	LABS & DIAGNOSTICS	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	37	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	42.50
43.00	OUTPATIENT SERVICES	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	69	46.00
100.00	TOTAL *	8,512	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 15-0065

Period: From 01/01/2019

Worksheet 0-5

Hospice CCN: 15-1529

To 12/31/2019

Date/Time Prepared: 5/27/2020 2:52 pm

Descriptions		Hospice I			
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of col s. 1 + 2)	
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	12,000	0	12,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,385	0	6,385	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	203,641	203,641	3.00
4.00	ADMINISTRATIVE & GENERAL	61,435	250,570	312,005	4.00
5.00	PLANT OPERATION & MAINTENANCE	12,727	0	12,727	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	6,772	24,541	31,313	10.00
11.00	MEDICAL RECORDS	0	15,784	15,784	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	4,650	0	4,650	13.00
14.00	PHARMACY	1,613	0	1,613	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	9,881	0	9,881	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	795,185	0	795,185	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	7,741	0	7,741	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,512	0	8,512	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	926,901	494,536	1,421,437	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2019

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2019

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Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIX	12,000	12,000			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,385		6,385		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	203,641	0	0	203,641	3.00
4.00	ADMINISTRATIVE & GENERAL	312,005	2,254	0	2,435	316,694 4.00
5.00	PLANT OPERATION & MAINTENANCE	12,727	0	0	0	12,727 5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0 6.00
7.00	HOUSEKEEPING	0	0	0	0	0 7.00
8.00	DIETARY	0	0	0	0	0 8.00
9.00	NURSING ADMINISTRATION	0	743	0	0	743 9.00
10.00	ROUTINE MEDICAL SUPPLIES	31,313	312	6,385	0	38,010 10.00
11.00	MEDICAL RECORDS	15,784	0	0	0	15,784 11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0 12.00
13.00	VOLUNTEER SERVICE COORDINATION	4,650	0	0	0	4,650 13.00
14.00	PHARMACY	1,613	0	0	0	1,613 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	3,244	0	0	3,244 15.00
16.00	OTHER GENERAL SERVICE	9,881	1,485	0	0	11,366 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		1,106	0		1,106 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	795,185			196,822	992,007 51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	7,741	0	0	2,088	9,829 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,512	0	0	2,296	10,808 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	2,856	0	0	2,856 60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0 61.00
62.00	FUNDRAISING	0	0	0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0 65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0 66.00
67.00	ADVERTISING	0	0	0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0 68.00
69.00	THRIFT STORE	0	0	0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0 71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0 99.00
100.00	TOTAL	1,421,437	12,000	6,385	203,641	1,421,437 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2019

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2019

Part I
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Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	316,694					4.00
5.00 PLANT OPERATION & MAINTENANCE	3,648	16,375				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	0	0		0		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	213	1,013		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	10,896	425		0		10.00
11.00 MEDICAL RECORDS	4,525	0		0		11.00
12.00 STAFF TRANSPORTATION	0	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	1,333	0		0		13.00
14.00 PHARMACY	462	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	930	4,429		0		15.00
16.00 OTHER GENERAL SERVICE	3,258	2,027		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	317	1,509		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	284,377					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	2,818	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	3,098	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	819	3,897		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THIRFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	3,075	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	316,694	16,375	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 15-0065	Period: From 01/01/2019	Worksheet 0-6
		Hospice CCN: 15-1529	To 12/31/2019	Part I
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Descriptions	Hospice I					
	NURSING ADMINISTRATIVE	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	1,969				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	49,331			10.00
11.00	MEDICAL RECORDS	0		20,309		11.00
12.00	STAFF TRANSPORTATION	0			0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	590	48,256	19,866	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	591	512	211	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	591	563	232	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	197			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	1,969	49,331	20,309	0	5,983

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2019

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Hospice CCN: 15-1529

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Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	2,075					14.00
15.00	0	14,586				15.00
16.00	2,075		18,726			16.00
17.00				2,932		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	0	14,269	18,318		1,377,683	51.00
52.00	0	151	194	1,396	15,702	52.00
53.00	0	166	214	1,536	17,208	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		7,769	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	3,075	71.00
99.00	0	0	0	0	0	99.00
100.00	2,075	14,586	18,726	2,932	1,421,437	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0065

Hospice CCN: 15-1529

Period:
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Part II
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Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,311					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		100				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	741,729			3.00
4.00	ADMINISTRATIVE & GENERAL	434	0	8,870	-316,694	1,104,743	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	12,727	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	143	0	0	0	743	9.00
10.00	ROUTINE MEDICAL SUPPLIES	60	100	0	0	38,010	10.00
11.00	MEDICAL RECORDS	0	0	0	0	15,784	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	4,650	13.00
14.00	PHARMACY	0	0	0	0	1,613	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	625	0	0	0	3,244	15.00
16.00	OTHER GENERAL SERVICE	286	0	0	0	11,366	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	213	0	0	0	1,106	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			716,892	0	992,007	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	7,604	0	9,829	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	8,363	0	10,808	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	550	0	0	0	2,856	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	12,000	6,385	203,641		316,694	100.00
101.00	UNIT COST MULTIPLIER	5.192557	63.850000	0.274549		0.286668	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0065

Period: From 01/01/2019

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To 12/31/2019

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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	2,311					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		2,310			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	143		143		100	9.00
10.00	ROUTINE MEDICAL SUPPLIES	60		60		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	625		625		0	15.00
16.00	OTHER GENERAL SERVICE	286		286		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	213		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					30	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	30	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	30	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	550		550		10	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	434	0	646	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	16,375	0	0	0	1,969	100.00
101.00	UNIT COST MULTIPLIER	7.085677	0.000000	0.000000	0.000000	19.690000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0065

Period:

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Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	12,530					10.00
11.00	MEDICAL RECORDS		12,530				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	100		13.00
14.00	PHARMACY			0	0	100	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	100	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	100	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	12,257	12,257	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	130	130	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	143	143	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	49,331	20,309	0	5,983	2,075	100.00
101.00	UNIT COST MULTIPLIER	3.937031	1.620830	0.000000	59.830000	20.750000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0065

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Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	12,530				15.00
16.00	OTHER GENERAL SERVICE		12,530			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			273		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	12,257	12,257			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	130	130	130		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	143	143	143		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	14,586	18,726	2,932		100.00
101.00	UNIT COST MULTIPLIER	1.164086	1.494493	10.739927		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 15-0065

Period: From 01/01/2019

Worksheet 0-7

Hospice CCN: 15-1529

To 12/31/2019

Date/Time Prepared: 5/27/2020 2:52 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.455937	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.241749	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.438921	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.621086	0	0	47,643	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.135096	0	0	2,732	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.927240	0	0	11,950	7.00
8.00	BEHAVIORAL HEALTH	93.00	1.823540	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	WOUND CARE (DIABETES CENTER)	76.00	0.343932	0	0	181,460	10.00
10.01	OTHER ANCILLARY CMS LINE	76.01	0.000000	0	0	0	10.01
10.02	CASE MANAGEMENT	76.02	0.000000	0	0	0	10.02
10.03	PAIN MANAGEMENT	76.03	1.194009	0	0	0	10.03
10.04	SLEEP LAB	76.04	0.168844	0	0	0	10.04
10.05	ONCOLOGY	76.05	0.169104	0	0	0	10.05
10.97	CARDIAC REHABILITATION	76.97	2.737786	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	29,590	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	369	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,081	0	7.00
8.00	BEHAVIORAL HEALTH	0	0	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	WOUND CARE (DIABETES CENTER)	0	0	0	62,410	0	10.00
10.01	OTHER ANCILLARY CMS LINE	0	0	0	0	0	10.01
10.02	CASE MANAGEMENT	0	0	0	0	0	10.02
10.03	PAIN MANAGEMENT	0	0	0	0	0	10.03
10.04	SLEEP LAB	0	0	0	0	0	10.04
10.05	ONCOLOGY	0	0	0	0	0	10.05
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	103,450	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0065

Period: From 01/01/2019

Worksheet 0-8

Hospice CCN: 15-1529

To 12/31/2019

Date/Time Prepared: 5/27/2020 2:52 pm

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0	0	5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,377,683	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			12,257	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			112.40	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	11,599	0		9.00
10.00	Program cost (line 8 times line 9)	1,303,728	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			119,152	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			130	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			916.55	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	117	0		14.00
15.00	Program cost (line 13 times line 14)	107,236	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			17,208	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			143	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			120.34	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	131	0		19.00
20.00	Program cost (line 18 times line 19)	15,765	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,514,043	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			12,530	22.00
23.00	Average cost per diem (line 21 divided by line 22)			120.83	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 5/27/2020 2:52 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		606,261	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		34,696	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		23.41	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		640,957	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00